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Great Expectations

Average reading time — 5 min. 36 sec.

THERE ARE few pleasures which are not mixed with some pain or disappointments. In writing about the developments in nursing in Nova Scotia during the past two years, I must include those things which have given us, in some instances, a feeling of failure.

Although it was with keen satisfaction that nurses in all provinces heard that the Federal Government was making large grants of money to improve the health services throughout Canada, it soon became apparent to us that nursing was not being given the place we had hoped in the over-all plan. We had long been aware that in no way could the supply of nurses meet the demand—not that the supply had diminished but because the demand for qualified nurses had increased.

The immediate plan in all provinces seemed to be to add wings to hospitals already in use, and to build new ones, but no suitable provision was made for staffing them, either with qualified nurses or students. Residences were filled to overflowing and teaching departments in most schools of nursing were quite inadequate both as to space and personnel.

In Nova Scotia, as in other provinces, a brief was presented by the Registered Nurses' Association to the provincial government, asking that consideration be given to nursing needs, the most pressing of which was a survey of nurses already available in the province, and the number which would be necessary in the future expansion of hospital and public health services. A partial survey has been made but this is not a complete record of nurses in all

R. Norwood, Halifax

MAISIE K. MILLER

categories throughout the province. We have recently been advised by the director of the Survey Committee that an effort will be made to secure the services of a qualified nurse to carry on a systematic survey during the coming months. It is hoped that when this has been completed we shall be in a better position to evaluate both our present resources and our needs for the future.

We were gratified that our association was asked to name a representative to the provincial Survey Committee. While we have been disappointed that so far most of the sum of money allocated for the training of nurse personnel has been granted to public health nurses who will return to governmental positions, we are optimistic that the need will be recognized for the additional training of nurses for both voluntary public health organizations and for hospitals. While we are well aware that nurses are needed everywhere, all recognize the fact that it is in the schools of nursing that nurses, who will later assume responsible positions, receive their basic training. It is in these hospitals that we have not the qualified graduates to teach the basic subjects both in the classroom and the wards. Already some of our qualified instructors have resigned from hospital positions to enter the field of public health.

A request was made for financial assistance to secure a school of nursing adviser. A similar request was made to their respective governments by New Brunswick and Prince Edward Island. It was thought that, with such assistance, it would be possible to secure a well-qualified nurse to visit schools of nursing in the three Maritime provinces, in order to improve student education by standardizing the curriculum and by the introduction of qualifying examinations at the end of the first year. The request has been granted in New Brunswick and Prince Edward Island, but up to the present time the Advisory Committee in Nova Scotia has not approved the expenditure of any part of the Dominion-Provincial funds for this purpose. Though this has been a disappointment to us we are pleased that the other two provincial associations will be able to proceed with plans for a school of nursing adviser. We hope that a later request to our committee will be granted.

In this province, as elsewhere, it is recognized that sooner or later there must be two groups of nurses—the registered nurse and the nursing assistant—if nursing needs are to be met. Unfortunately, the public was not as aware of the need for some control of the assistant nurse as was our association! In 1948, the Bill, which we presented to the provincial Legislature and which would have licensed the assistant group and given recognition to it, was not accepted. Members of our association were keenly disappointed. Since that time the Legislative Committee, with the assistance of the several branches in the province, has drawn up amendments to our present Constitution for the Registered Nurse, which are being presented to the Legislature this year.

The construction by the Provincial Government of a new nurses' residence for a general hospital and a sanatorium is underway at present. We have hopes that assistance will soon be forthcoming from federal funds so that similar construction may be carried out in non-governmental schools of nursing.

It has been a great satisfaction that a post-graduate course in public health nursing has been established at Dalhousie University. We look forward to the inclusion of a course in teaching and supervision in the autumn of 1950.

We have been advised that Dalhousie University has also established a combined course leading to the degree of Bachelor of Science in Nursing. This includes three years of study at the university and 30 months of practice in a hospital. Provision has been made in the revision of our Act for the registration of those who complete the course and who pass the examinations set by the association.

It is hoped that one or more re-

fresher courses in ward teaching and supervision will be given in the near future. Many recent graduates are holding ward positions for which they have had very little, if any, preparation.

In any organization where the services of the members are voluntary, and apart from the positions held by them, we must rely on the willingness of their employers to release them to attend meetings and also of the individuals themselves to travel considerable distances in order to discuss problems and to make plans for solving them. Organizations and members of our association have always been most co-operative. I feel sure that they are aware that it is only by the united effort on the part of nurses themselves and the public that adequate nursing service will be within reach of all who need it.

MAISIE K. MILLER
President
Registered Nurses' Association of Nova Scotia

Cancer Research in Pictures

LAURENCE ST. MAURICE

Average reading time — 5 min. 36 sec.

Note: The notables in the world of health who attended the world première of this film in New York, among them representatives from the governments of the U.S.A. and Canada and the World Health Organization, were aware that, apart from the normal importance and interest of the occasion, it was significant in another sense. It marked the first time that two governments have joined forces to make a film in the field of health.

Early last year, U.S. public health authorities learned that Canada's Department of National Health and Welfare had commissioned the Canadian National Film Board to make a film on cancer research. They approached the department with every evidence of interest; it seemed that for some time they had had just such a project in mind. The result was an agreement between Canada's Department of National Health and Welfare and the National Cancer Institute of the U.S. Public Health Service to pool their resources to make a bigger and better film than either could have undertaken alone.

All production matters were left entirely in Canadian hands. It may be properly regarded as a mark of esteem that the U.S. representatives asked that the film be made by the Canadian National Film Board.

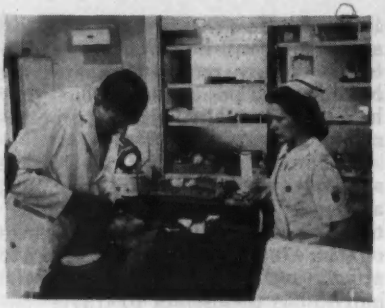
A Canadian première in Ottawa, after the New York showing, will be followed, as part of the opening guns of the April Cancer Campaign, by previews in the capitals of all the provinces. These latter will be arranged under the auspices of the provincial branches of the Canadian Cancer Society.

Further, the French version of the film will be sent to the International Cancer Conference which is being held this summer in Paris. As regards its usefulness abroad, U.S. authorities are at present considering putting it into more than a dozen foreign languages.

THE NURSES regarded each other somewhat doubtfully. The uni-

The hospital waiting-room

The cameras lined up



The close-up scene

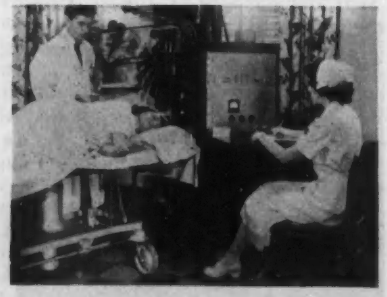
forms they were wearing were certainly not the ones used at this particular hospital. More unsettling still, the color was a most unprofessional greenish yellow. Then the glaring flood-lights came on, the camera started to turn, and all at once they were acting out their parts, forgetting to worry about whether it was true, as the director had told them, that on the screen the uniforms would look white. They were much too busy helping to make the film, "Challenge: Science Against Cancer," whose world première in New York this month was timed to lead off the April Cancer Campaign.

This three-reel, half-hour, black and white film (in 16 as well as 35 mm. versions) was made to tell a general, non-technical audience what the research scientists are doing about cancer; how they are going about the business of finding the cause and cure of a disease which ranks second on this continent as a killer, and first as a source of fear.

In many a hospital and laboratory in both the U.S. and Canada, nurses, technicians, doctors, and scientists, who had never before appeared before the business end of a camera, found themselves donning the specially-dyed garments to add their particular specialty to the total story of the film.

Everyone agreed that the policy of complete anonymity that was laid down was the only one that could be followed in a field of research where there were so many divergent points of view, and where so many were making valuable contributions.

Everywhere the fullest co-operation was extended to the film crews. This statement will carry special weight for those who realize what can happen



Using the Geiger counter on patient with radio-active isotopes

Examining both normal and cancerous tissue

to complicated routines and schedules when a movie crew moves in for a few days with several tons of equipment and a new set of problems.

The film owes a great deal to the active assistance of institutions in Canada like the Toronto General Hospital, the Connaught Laboratories, the Banting and Best Institute, and various departments of the University of Toronto; and in the U.S.A., the Atomic Energy Project and the Strong Memorial Hospital, both in Rochester, New York.

Very early in the planning of the film it was decided to deal only with the research side of the fight against cancer, since, unlike the subjects of treatment and diagnosis, this aspect had never been adequately reviewed before in any filmic report to the public.

The story opens in a hospital waiting-room on a note of hope; the facilities of modern research, whose past successes have enabled us to do something for these waiting patients, are now concentrating on the problem of cancer.

An imaginative tour—in animation—through the organs and tissues of the living body presents the problem: cancer is uncontrolled growth. The magnitude of the task which confronts the scientist becomes clearer. To understand the cancer process he must explore the inner workings of the single, living cell—a structure less than two-thousandths of an inch in size, which yet contains complexities that would put a whole chemical industry to shame.

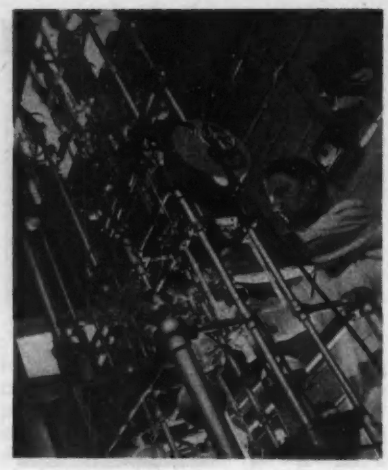
The production of this sequence required the National Film Board to develop some completely new animation techniques. The Animation Department completed more than 2,000 detailed anatomical drawings, not to mention preliminary sketches and discarded experimental material. The technical accuracy of the drawings was supervised by a specialist in medical animation brought to the National Film Board from the Medical Film Institute of the Association of American Medical Colleges.

The film then conducts the audience through some of the laboratories where the work goes on. In a field where almost every major branch of science is contributing, it was possible only to indicate a few of the many approaches to the problem.

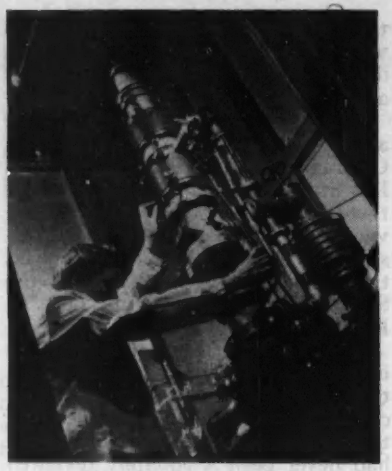
Implanting tumor growth in eggs

In one laboratory living cancer tissue is being grown and studied in glass containers. In another, mice have been interbred, in brother to sister matings, for more than 20 generations, to try and separate effects due to heredity from those due to environment. Statistics machines help sort and compile vast quanti-

Using the ordinary microscope



The radon emanation plant



The electron microscope

ties of seemingly unrelated facts—some of them may provide a clue. Then in the laboratory of the chemist a substance known to be a cancer agent is being analyzed—one, perhaps, at which statistics had pointed the finger of suspicion.

In addition to the fundamental, long-range research projects, the film shows something of that work which is more immediately applicable to alleviate human suffering. Already the use of the new radio-active isotopes, of hormones, antibiotics, and high energy radiation machines has made available the techniques which were impossible even a few short years ago.

The truly international character of cancer research is emphasized everywhere throughout the film. The published findings of a scientist in France or Sweden may provide the clue necessary for a discovery of major importance in some laboratory in Canada.

In addition to informing the public in general it is hoped the film will interest those young people who are entering the colleges and universities. If it can arouse in them a desire to enter the field of scientific research in general, some, at least, will end up among those who are seeking to wipe out cancer.

In its conclusion the film holds out no false hope that the solution to the cancer problem lies just around the corner. There is hope, but it lies only in the unremitting efforts of the scientist. That is the message of the film—that the work of research must not go on in isolation; that it merits our understanding, our sympathy, and our active support.

Calcium in Pregnancy

Nutritionists agree that the diet of expectant mothers should be rich in the basic elements, especially proteins, calcium, phosphorus, and vitamins. Numerous studies have proved that, especially during the later months of pregnancy, the requirement and retention of calcium increase considerably. During pregnancy the estimated daily calcium requirement is 1.5 to 3 grams and the total retention is about 50 grams. If the mother is not getting sufficient calcium to meet the requirements of the fetus, calcium and phosphorus are withdrawn from the maternal skeleton with consequent demineralization of the latter. The onset of lactation is marked by a sudden change from positive to negative calcium metabolism. This loss of calcium may be diminished by increasing the daily amounts of vitamin D.

Diagnosis and Treatment of Epilepsy

C. E. Gould, B.A., M.D., L.M.C.C.

Average reading time — 12 min. 12 sec.

A condition which has received relatively little attention from the public health field up to the present time is epilepsy. The Health and Auxiliary Division of the Community Chest and Council, with the Health and Welfare Education Group of Vancouver, decided to hold an institute centring around this topic. Leaders in all the fields relating to either the study or treatment of the disease were invited to participate in a panel discussion. It was felt that it would be of interest to bring to the nurses of Canada some of the papers.

Epilepsy can be defined, primarily, as a discharging lesion occurring in the brain actually based on an electrical discharge which produces a disorder which may be on a physical and/or psychological plane. To make that more plain, the epileptic has a type of cerebral dysrhythmia which may be disclosed by the electroencephalograph. A normal person has a normal pattern of brain wave for various conditions. When his mind is active there is one pattern; when he sleeps there is another. The average pattern for the average individual is fairly well worked out. The epileptic has an abnormality in the rhythm of his brain waves which may only manifest itself at certain times. A fit or seizure is the result of the abnormality of these brain waves, which represents, as nearly as we can tell, an electrical discharge which may have started in any portion of the brain, has swept various portions of it, and produces the various typical manifestations.

Depending upon the portion of the brain in which this unusual discharge takes place are the clinical manifestations of epilepsy. There are four clinical types: grand mal, the major fit; petit mal, the minor fit; psychomotor epilepsy; and symptomatic epilepsy or Jacksonian epilepsy. The latter comes from a discrete lesion of the brain, scar tissue, or tumor. It is organic and in many cases the surgeon can remove it. It is really not a type of epilepsy but a clinical entity.

The most dramatic form, the grand mal, is a convulsion, and is the popular conception of epilepsy. One only has to see it to be able to recognize it again. It is usually preceded by some warning to the patient and starts off, sometimes, with a spasm of the glottis which produces a bark or cry. This is followed by a loss of consciousness. The patient falls to the ground and a convulsive shaking takes place which is usually manifested by the so-called tonic beginning, which is a position of complete spasticity. The eyes may roll back and the lids close, while the legs are extended. Then the convulsion starts—the clonic or intermediate phase—with a shaking of the extended extremities. It is over in a minute or a minute and a half. Shortly after the patient becomes conscious and then may drop off into a sleep which may last for two or three hours. He will waken feeling stiff, fatigued, and with a headache. That is a typical episode of grand mal.

The first aid treatment to give a person in a seizure is simple. Ordinarily the patient falls to the ground and is in the clonic stage of the convulsion. If he has struck something or is leaning up against an object, complications may follow. The only danger is that he may cut his lips or tongue with his own teeth. The thing to do is to get a gag in his mouth. This is impossible in the tonic phase, but once he starts

Dr. Gould is a neuropsychiatrist at the Vancouver General and Shaughnessy Hospitals.

the clonic phase it is quite easy. Twist your handkerchief (forgetting all your bacteriology for once!) and put it between the teeth. These patients often turn a dusky hue but they never die of a convulsion. Loosen the tie, unbutton the collar, and that is about all you can do. The less fuss and bother the better. Do not try to restrain the patient's movements. Let him have his fit out, save the tongue from getting bitten, and treat the on-lookers.

Petit mal is something entirely different. People usually do not recognize it as epilepsy. The patient often describes it as a little vague spell, or just as if a curtain had dropped before his eyes. It is on and off again in a fraction of a second. Frequently a person talking to the patient at the time may just think he lost the word he was looking for. Sometimes a blank expression comes over the face. These attacks present almost no disability to the patient other than the worry they cause him. As a feature in employment, petit mal would be almost of no significance.

The third variation is the interesting one and that is the one about which we are learning more and more, particularly with the aid of the electroencephalograph. This is psychomotor epilepsy. Here, there is an electrical discharge leading to an attack, which we know now as an attack of epilepsy, but which manifests itself ordinarily in unusual behavior. Frequently it follows a set pattern, that is, each attack follows the same psychomotor pattern. There can be any number of variations to them. There are many interesting, funny, pathetic manifestations of psychomotor epilepsy. One case was a girl in whom the entire manifestation of her attacks was that, when walking along the street, she would stop and, pointing to the sky, say, "Praise God!" Then, pointing to the ground, she would say, "Down to the Devil!" That was the complete attack and it repeated itself time after time.

Another pattern was in a young woman who was sitting one day in her kitchen with a very young baby on her lap. She felt a tingling sensation upon one side of her body, and as it passed over the top of her head she was possessed with an insatiable desire to pick up the butcher knife, which was lying nearby, and stab the baby with it. The tingling sensation passed down the other side of her body and she returned to normal. But this attack occurred three times, each time in her own home with nobody around. A diagnosis of psychomotor epilepsy was made. She was put under appropriate treatment and had no further attacks.

More significant are the pathological types which manifest themselves in extremely peculiar behavior. These have become issues in the courts of law, as you might expect. Crimes or psychopathic behavior repeated over and over again can sometimes be demonstrated to be something which is in fact beyond the control of the patient, in so far as it is associated with some type of abnormal discharge in the brain. The patient has no control over his behavior or over the crime he committed.

Epileptic seizures can commence at a very early age—four or five is not uncommon. There are two schools of thought about the occurrence of convulsions in infants. There is evidence to suggest that when an infant has convulsions from an obvious cause, such as teething, fever, etc., it shows, in fact, a tendency towards epilepsy. The great majority of seizures, however, have their onset between the ages of 10 and 20. Of the remaining cases, 75 per cent have their onset in the third decade.

It is not known whether or not a child who has a convulsion at six months, brought on by a high temperature, would be liable to epilepsy in later years. There is no need to develop an anxiety state over any infant that has convulsions, on the assumption that it is going to become epileptic, because most frequently it does not. Probably the answer may lie in the fact that we have never been able to get sufficient series of encephalographs of infantile

convulsions to say whether they have an epileptiform pattern. A large number of epileptic adults have never had convulsions as infants, and a great many infants who have had convulsions have never developed epilepsy.

In both diagnosis and treatment, the electroencephalograph represents by far the greatest recent advance. While it gives a certain amount of information now, it is probably in the same stage of infancy as some other machines, which are far more accurate now than they were when first introduced, say, 20 years ago. Its practical use dates back only a few years.

The drugs used most frequently in treatment are phenobarbital and dilantin. Recent developments include tridione and mesantoin. It should be stressed that, from a practical, clinical standpoint, it is important to make use of the treatment available. We have, to a remarkable degree, the ability to control epilepsy, providing we have the necessary factors which really make the treatment come into play, and providing that the patient does not break the rules. There are three important *don'ts* that are given to epileptics:

1. Don't drink alcoholic beverages.
2. Don't overdo, particularly when it results in loss of sleep.
3. Don't slip up on taking your medicine. This last is really the most important.

The random seizure that occurs every month or six weeks is generally the result of a patient missing a dose or two of his medicine. We find that is usually the cause of fits in patients who have been given what seems to be an adequate schedule of dosage. How to avoid these lapses is a great problem. So many psychological considerations enter into epilepsy. Whose aid are you going to recruit, in addition to the patient, to make sure that he takes his medicine regularly? It is often a matter of considerable acumen to decide whether to enlist anybody's aid at all. One wonders whether to put an adolescent under the care of his parents, or to put him on his own and appeal to his reliability. The most important thing is to make sure that the dosage is taken with unfailing regularity. The hue and cry to have various new drugs tried out is of no avail unless the patient co-operates.

Phenobarbital and dilantin are both extremely potent anti-epileptic medicines. The question of amount is important. It takes months to adjust the patient. It is necessary to get him to the point where he is taking enough and just a bit more. That may involve six dilantin tablets, of a grain and a half, a day. That may seem a lot but many people tolerate six with very little difficulty. Complications with dilantin are rare. The commonest represents a sponginess or softening of the gums, which can be dealt with, and which certainly is negligible compared to the fits themselves. The occasional development of dizziness or some gait difficulty is quite rare.

One has to feel his way to obtain the optimum dosage of phenobarbital. Two half-grain tablets may be enough for a 250-pound logger, while a woman weighing 95 pounds may tolerate six half-grain tablets. Everybody has his individual tolerance to phenobarbital, and the doctor can only find this by increasing the dose gradually until he gets the patient a little drowsy. Then he cuts that dosage down until he finds the correct amount.

In severe epilepsy, the use of two or sometimes three drugs seems to have a synergistic effect—that is, one is complementary to the other. Sometimes, when the patient is on a sedative drug such as phenobarbital or mebaral, one can also use benzedrine to offset the effect of drowsiness.

Diet plays a part in the treatment of epilepsy only as a last resort. The use of ketogenic diets, or any other type of dehydrating diet, is sometimes tried, but only after one has become fully convinced that drug treatment is not helpful. Such a case is a very serious problem, for the patient would not be in a condition to undertake a complicated diet.

The cost of medication to the

epileptic is not too great a problem. The average patient gets phenobarbital or dilantin. These drugs take care of 75 per cent of epileptics. The usual dosage requires approximately one and one-half grains of phenobarbital per day, at a cost of $1.00 a month. With dilantin, the average dose is four tablets per day. This will cost him approximately $3.00 a month or a total of $4.00 per month. The patient must see the doctor perhaps once a month or, if the treatment is well established, once in three months. Adding on the physician's fee brings the total to $7.00 per month. With a patient who is using more dilantin or benzedrine it can run to $12.00 or $15.00 a month. Some patients can get along very well on phenobarbital alone, with one visit to the doctor a month. The total cost of treatment runs from a low of $3.00 to a high of $15.00 a month.

We should not be dazzled by new drugs on the market. We want to use the ones we have and see that our patients adhere to their treatment. The next thing is alcohol. We are not getting anywhere with an epileptic until he gets on the wagon and stays there. The third rule is the leading of a regular life. If an epileptic stays up late and has only a few hours of sleep, he may have a fit within a day or two.

To sum up, the encephalograph represents a tremendous advance in diagnosis. Phenobarbital and dilantin are our main drugs. Mesantoin and tridione are so recent that nobody knows what their potentialities are.

Employment of the Epileptic

The late H. E. GOODMAN

Average reading time — 6 min. 24 sec.

BEFORE STARTING on a discussion of the problems encountered in the placement in employment of the epileptic, it will be necessary to briefly outline the methods used by the Special Placements Branch of the National Employment Service in finding employment for the "occupationally handicapped" citizens. You will note that I specify the term "occupationally handicapped," as not every physically disabled person needs assistance in finding employment. The group who do need our help are those unfortunate persons who, because of some physical or mental disability, are unable to locate suitable employment without specialized assistance.

The methods used are comparatively simple and depend very largely on the detailed knowledge that can be gained of the individual's remaining physical and mental powers, his training, education, past experience, etc. In addition to this, we have to ascertain the conditions under which the applicant can work with safety to himself and his fellow workers. This, when compared with the actual requirements of specific occupations, enables us to literally fit a man or woman to a job. In the great majority of cases, this results in the beginning of a new life for the disabled person and a satisfactory employee for the employer.

Using this system, the first information we must obtain from the applicant is "what can you do?" and "under what conditions?" This, in the case of the majority of epileptics who are not undergoing treatment, is a most difficult task as, frequently, they are either unable or unwilling to give the required information.

Until a short while ago, people

The late Colonel Goodman was supervisor of Special Placements, National Employment Service, British Columbia, for many years.

were almost afraid of even the word "epilepsy." More recently, we have felt there are grounds for hope that there are answers to their problems and it is for the purpose of obtaining and disseminating this information that this paper originated.

The epileptic problem is a puzzling one in many ways. We know that many interesting recruits for the armed forces were rejected and that large numbers were later discharged as their conditions became apparent, yet we run into comparatively few of them in our work. Despite this, they constitute one of our most difficult problems. Undoubtedly many are placed in employment without their disability being known to either the placement officer or the employer and are able to carry on their work without undue difficulty. These, of course, include those who have their disability under control through proper treatment.

Unfortunately, many of those who apply to Special Placements for assistance have never had either the opportunity or the financial resources to obtain skilled treatment. Consequently, they have only the vaguest knowledge of their own condition and capabilities. Often their mixed aggressive and defensive attitude militates greatly against their chances of finding employment. Many of them seem to feel that they are in a class set aside from the rest of the world and that everybody is against them. They appear to have built up inferiority and defensive complexes, and one can see from talking to some of them that they feel they have been driven to concealment and secrecy.

It is strange that so many epileptics know so very little of their own affliction. When we enquire even regarding the frequency and duration of the seizures, we often get the vaguest of answers. In the case of younger applicants, it is frequently equally difficult to get authentic information from the parents, who feel that there is something shameful about the disease, something to be concealed.

I, personally, had the idea that epilepsy was one of those dread diseases that are incurable and had considered the majority of epileptics to be unemployable, until one day I read an article in the *Saturday Evening Post* entitled "We Can Lick Epilepsy." It told of the research work of Dr. Lennox, who had developed the use of some new drugs—dilantin, tridione, and mesantoin—which, the article claimed, were being used successfully to control seizures. The statement that stuck in my mind, and which impressed me mightily, was that, under proper treatment, 80 per cent of epileptics were capable of sustained employment.

Presuming that such treatment is available and is successful, we are still up against a very serious obstacle from the viewpoint of the average employer, who refuses automatically to employ epileptics. They do, of course, occasionally employ them unknowingly, sometimes under conditions disadvantageous to both parties. Many employers have the fixed idea that epileptics are persons with inferior personalities, characteristically feebleminded, who may lapse into violent convulsions at any time without warning. They consider the epileptic to be defective in mind, body, and personality and fear that he will find the stress of sustained effort of any kind entirely impossible.

In addition to this, the employer is concerned with the loss of working time through seizures and the effect on their other employees. Most people do not like to work beside an epileptic, as they dislike viewing anything as unpleasant as a violent convulsion. Even after providing employment, the employer quite often weakens after the first seizure takes place, as he can see no good reason why he should be called upon to act the Good Samaritan.

Until recently, when we became better informed on this subject, the epileptic was forced to conceal his affliction in order to have any chance of employment. Even now, those who voluntarily divulge their condition are in the minority. If we could get the same type of favorable publicity

regarding the employment of the handicapped of all types as is current in the United States, it would help a great deal in our efforts. The United States Civil Service and many of the larger employers make a definite policy of hiring handicapped employees, and will readily take epileptics providing they can produce a certificate from a qualified medical practitioner stating that the applicant is under medical treatment and that the disease is well controlled. They have a theory that epileptics should work in pairs or groups, so that, in case of necessity, one can help the other. In Canada, we find it quite hard enough to find them employment singly, let alone in pairs.

It is comparatively simple to evaluate the work capacity of a physically disabled person but the process is infinitely more difficult in the type of epileptic that I have been discussing. I recently read an article entitled "The Employment of Epileptics" in a pamphlet issued by the American Epilepsy League. The authors quote the results of a study of 1,105 patients (608 men and 497 women). Of this number, they state that 51% were fully able to work while under treatment and 28% were partially able. Only 18% were unable to work owing to seizures, with a further 3% for other reasons. To sum it up, out of 1,105 typical epileptics, only 21% are unable to work while undergoing treatment. What we want to know is, of those who come to us for employment, how can we pick out the 79% who can work?

We need to know the type, the frequency, and the duration of the seizures. This is of the utmost importance when considering a suitable job for the individual. We should also know whether there is any aura or warning of the seizures and whether they come at any set time of the day or night. For example, there is an epileptic working steadily as an oiler on one of the coastwise steamers. We found that after treatment he only suffers about one seizure a month and that one invariably during the night. He has been on the job now for nearly a year without encountering any difficulty—on the day shift.

Another important consideration is whether there is any mental deterioration present, as many epileptics give the poorly informed interviewer this impression. We laymen certainly need guidance on such problems as this. We should also know details as to the general physical condition of the applicant, what working conditions will aggravate his disability, and what type of work will alleviate it.

Epilepsy as a School Health Problem

MARY E. HAWKINS, B.A.Sc.

Average reading time — 3 min. 12 sec.

IT MUST BE realized that when speaking of the attitude of the schools toward epilepsy, there are two points of view to be considered—that of the school teachers and principals; that of the school health department. In order to gain the necessary information, numerous members belonging to both groups were interviewed and many interesting facts were brought to light.

Miss Hawkins is a staff nurse with the Metropolitan Health Committee in Vancouver.

In considering the problem from the point of view of the teachers and principals, the first thought was that the epileptic child deserves an education just as much as any other child. The concensus was that if the parents will co-operate with the school, and if the seizures are not so frequent that they cause too great a

disturbance in the classroom, the school is perfectly willing to accept the child. They felt that he should be allowed to lead as normal a life as possible and that only dangerous activities should be restricted. It was strongly felt, by at least one principal, that the parents should take the initiative in restricting a child and instructing him about his condition. Most teachers seemed to have a fairly good understanding of the condition and to be acquainted with the first aid measures but there is room for improvement in some cases. There is very little trouble with the other students, most of them accepting epilepsy as something comparable to a visual defect. The main emotions shown when a child had a seizure were usually interest and sympathy. This, then, briefly presents the attitude of the school personnel.

The Health Service felt, as did the school authorities, that the child should be kept in school if it is at all possible. They wish to help him in every way but do ask for parental co-operation, both in informing them about cases and also in helping to educate the child as to his limitations. It is also urged that the child be kept under constant medical care, both for his own sake and also for the protection of the school.

The public health nurse's role in the care of the epileptic child in school is almost entirely one of education. She is very rarely present when a seizure occurs in the classroom so it is her responsibility to see that the teachers of every child with this condition are aware of the essential first aid treatment. Not only that, but she must explain the condition to the teachers so that they will have a better understanding of the child and not be nervous about having him in the class. It is the public health nurse's business to visit the parents and discuss the child's condition with them. She should point out that epilepsy is not a matter of shame as so many adults seem to think. She should try to get the child under medical treatment and explain his limitations and also his abilities to the parents. The goal in the care of the epileptic child is to allow him to lead as normal a life as possible without risking serious injury. She should stress that the child is not an invalid and should not be treated as such. It is her role to interpret the school's attitude to the parents so that both can work in harmony. In epilepsy, particularly, the public health nurse can be the link between the school and home, thus helping to make the patient a healthier, happier child and, later, a better-adjusted adult. The attitude of his home and school in these formative years will largely determine whether he will be a social parasite or a productive member of society.

Bile

The quantity of bile secreted within the liver in a 24-hour period varies from 500 to 800 cc. The amount of bile formed is subject to many modifying influences, both normal and pathologic. Pathologic factors known to diminish bile secretion are infectious diseases such as pneumonia, typhoid, pulmonary tuberculosis, and high body temperatures due to any cause. Obviously, specific liver damage in such conditions as carcinoma of the liver, phosphorus, arsenic and similar poisonings, amyloid degeneration and yellow atrophy will result in diminution of bile synthesis. Drugs which dimish the synthesis of bile are ethyl alcohol, barbiturates, chloroform, and morphine.

Increased flow of bile can be produced by any one of several means. Bile acids themselves provide the liver with suitable starting material for the synthesis of new bile. A high protein diet will also aid materially in providing the liver with building material from which new bile can be formed. Practically all other substances which do result in an increased flow of bile either stimulate the secretion of bile by the liver cells or initiate the emptying from the gallbladder of bile previously stored.

—*Journal of the American Medical Association*

Nurses Can Influence Thinking

MARGERY W. SMITH, M.A.

Average reading time — 8 min. 48 sec.

NURSES little realize the influence they exert upon the thinking of people on every level including the international. Nurses become magicians to folk struggling to get well. These people confide in her, accepting her word as law. During convalescence they assume the constructive attitudes she may inculcate into their minds.

Nurses, through their varied services, have access to every home in the world. In these homes they can plant seeds of understanding of what causes peace, what causes war, and the part each plays in bringing about these states.

For countries to maintain peace and preserve wholesome principles the citizens are expected to understand and practise constructive human relations. These words are often spoken glibly, as though just to say them is for everyone to understand them. Yet even extensive educational systems fail to give a practical appreciation of constructive human relations to the students.

Nursing education has long been devising working plans for teaching nurses how to maintain constructive attitudes in all the units of their work. In spite of the intelligent recognition by administrators of this need, outsiders frequently place an accusing finger on a vulnerable spot in our system. In the Brown report, *Nursing for the Future*, we read:

> P. 46—*Hospitals* are predominantly operated on *authoritarian* principle rather than that of a co-operative team relationship . . . The *nursing service* is highly *authoritarian* . . . develops socially undesirable characteristics . . . *subservience* to persons above, *mastery* of those below.
>
> P. 74—The nurse should have a sound understanding of *human behavior* and *human relationships*.

Miss Smith is chief nurse in the Bellevue Psychiatric Hospital, New York.

> P. 91—The *authoritarian attitude* is one of the greatest handicaps. There can be nothing short of a revolution in the philosophy and practice . . . to *give the nurse opportunity to grow* toward gentleness, kindness, inner quietness, security, sensitivity, essential for performing the healing art.

Many nurses do not recognize that the authoritarian attitude they assume impedes progress, holding back the development of initiative and the assumption of responsibility by those under their direction.

When nurses understand the basic factors of human relations involved, they can bring about a *quiet, unostentatious revolution*. They can live it, teach it, and breathe it through every move they make. But they must have a complete understanding of the factors involved and a zeal to win. They must recognize that—

> Constructive human relations must show in all activities.
>
> The constructive attitude will not stay won but requires constant watching and preserving to keep it evident.

Actually, in nursing institutions three distinct schools of administration function at the same time. Basically, the three schools set the same objectives—namely, to run a hospital smoothly, efficiently, considering the best interests of the patients, the personnel, and those financially responsible for the institution:

> THE FIRST SCHOOL: *Militaristic, authoritarian, autocratic*—Modern nursing had its inception in a military setting at the Crimea. It followed the military pattern where the individual obeyed instantly, without question, the commands of the officer. Many nurses still administer arbitrarily, steeped in autocratic methods.
>
> THE THIRD SCHOOL: *Progressive, creative, democratic*—respects the opinions of the individual, gives each member of the organization opportunity for the expres-

sion of her ideas; *encourages*, always, even in the face of difficulties, giving the nurse an opportunity to be proud of herself, not *cutting off her constructive strivings*.

THE SECOND SCHOOL lies between these two. It is most difficult for the staff to understand. Here, administrators give lip service to the democratic school, teach the individual to develop initiative, urge her to express herself creatively. Then, having encouraged her to action, making her more vulnerable for having exposed her deeper thoughts, they strike her, humiliating her to non-action, letting her see her shoots of constructive action wilt and die, requiring her to follow without resistance along the path they lay out. This second school may be called unconscious because those adhering to it are unconscious of how they are blocking progress by the reactions they stir up among the people for whose work they are responsible. They call themselves modern, aiming at fine professional service, excellent personnel relations, but then, when a staff member grows enthusiastic, they grow panicky, fearing the loss of control, and revert to the militaristic school. Here they find solid ground.

An authoritarian does not understand philosophy, does not believe that there can be different viewpoints on issues. He feels that workers must think as he does or get out. He can not understand the democratic principle that people with notions that are divergently different from his can help him build a better institution. Many authoritarians are reciting to their subservient staffs, "Now we are running a co-operative team relationship!" Mechanically, they are manipulating the field in true authoritarian style, pushing the pawns around to accomplish their ends.

Democracy grows from within. There are fundamentally basic factors in human relations which every individual must understand and use even in the minutest issue if he is to gain insight. First he should ask himself *to what philosophy of life he holds*. The following primary concepts will serve as a guide until he conceives a better one:

A tiny germ of life is born in the individual. With each response to a stimulus the seed sends out vital shoots. At the same time power is absorbed in the seed itself from the source of all life and added power comes into the core of the seed. Each new response makes the shoots stronger and ever more power comes into the life of the individual as the living substance grows, leading to undreamed heights.

Constructive forces: Love, thoughtfulness, and kindness nurture the plant to these undreamed heights, drawing ever from the source of life.

Destructive forces: Fear, hatred, worry, envy, jealousy, and unkindness nurture unhappiness, stunting the growth of the plant, developing a warped individual who is incapable of carrying the potentialities to full fruition. Something hurts the individual when these forces are given play.

The authoritarian cuts off these shoots when he feels they may interfere with his plans, not realizing how they could be developed into a constructive power for the good of the institution.

Fichte, in his *Vocation of Man*, 1890, stated:

> If each individual could develop his potentialities to the extent of his power it would change the world for the good of all mankind.

Milton Wright, in *Getting Along with People*, claims that human reactions are predictable. We get back what we give. He outlines the basic factors in human relations as:

> Every individual exerts an influence upon every other individual with whom he comes in contact, whether he talks to him or passes him. He rouses that person to feel *elation*, to react buoyantly, happily, with a feeling of goodwill, with *self-assertion*, or he rouses him to feel *dejection*, to react unhappily, with fear, with anger, with hatred, with a feeling of resentment, with *self-debasement*.
>
> The stimuli that start reactions put drive behind boomerangs. These come back to strike the originator with greater force than they had at starting.
>
> If he rouses the individual to self-assertion, the individual, in turn, radiates joy, happiness, constructive creative

activity. He influences his contacts. A power of goodwill emanates from all in the entire course of the boomerang, welding them together in unified force, to return to the sender a constructive integrated service well done.

If he rouses the individual to self-debasement, the individual in fear, or anger, or dejection, belches forth hatred, jealousy, envy, revenge, striking everyone he meets, to react with the same unholy drive, disintegrating, destructive forces, to return with greater power to the sender than that which he originally sent forth.

Are nurses willing to give everyone, at all times, the chance to be proud of himself? Are they willing to trust him, regardless of his offence, not sitting as a judge over him and "putting him in his place," but rather as a counsellor, a therapist, helping him to gain insight into his problem? Are they getting a broader outlook themselves as they learn what caused the particular offensive reaction?

A good course in counselling and therapy would bring to every nurse a greater understanding of her power. The National Council on Family Relations begs that each nurse be a counsellor, a teacher, at all times. Maturity of judgment brings an understanding of the deep-seated factors involved. A nurse cannot acquire it overnight. Along with the course, practical experience is essential. It takes insight and patience to acquire mature reactions.

The battle for democracy will never stay won without continued intelligent effort, since people are naturally authoritarian. Authoritarianism is the immature method of ruling. It takes much more patience, insight, vital interest in people, and judgment to be a democratic nurse. Furthermore, for a nurse to gain the insight and judgment needed to be a teacher steeped in democratic principles, she will have to intelligently watch and interpret the reactions of people as she works with them.

No one in a few pages can interpret the psychology, the educational principles, and the values, incorporated in this philosophy of education, so important for the professional nurse of the future to understand. These few factors are basic in an ideal philosophy of life, in creative education, and in constructive human relations. They underlie the structure for wholesome married life and comprehend a basis for a universal religion.

If the nurse can learn to make them work in every phase of her hospital work, she has the key to constructive thinking that can preserve peace among all nations. If she can instil the ideas in the homes of the world, giving every individual the notion of how they work and setting him to the business of using them, she is making practical use of her master key. No nurse is too young to work the magical charm of progress in her own sphere of influence. This movement can gradually be felt by those who sit in the seats of the mighty. Those in authority can be forced to react to the will of an intelligent people.

Congress on Obstetrics

The International and Fourth American Congress on Obstetrics and Gynecology is meeting at the Hotel Statler in New York, *May 14 to 19*. A complete program for nurses is being developed by Miss M. A. Losty, consultant, Maternity and Newborn Division, New York City Department of Health. Here, the various problems of obstetric and gynecologic care will be considered from the nurse's standpoint.

Registration fee for the Congress is $10. For advance registration blanks, travel, or hotel information write to: **Dr. Fred L. Adair, General Chairman of Congress, The American Committee on Maternal Welfare, Inc., 161 East Erie St., Chicago 11, Illinois.**

A new chemical—dihydroxy-dichloro-diphenyl methane—has been found to be a highly active fungicide. It is indicated for therapy of athlete's foot.

Accreditation of Educational Programs in Nursing

MARGARET M. STREET

Average reading time — 7 min. 12 sec.

NEW AND EXCITING developments are taking place in the United States in the accreditation of educational programs in nursing. These developments cannot fail to stir the imagination and open alluring vistas with their deep and broad implications for the advancement of nursing education and nursing service.

Through happy chance, it was my privilege, in August, 1949, to attend a three-day work conference on accreditation held in New York City under the auspices of the National Nursing Accrediting Service. Similar conferences had been held during the same month in New Orleans, Chicago, and Denver. All conferences had the same stated purposes:

1. To acquaint the participants with the significance of accreditation.
2. To prepare effective forms of enquiry to be used in securing the necessary information on which evaluations may be based in the accrediting process.
3. To gain some knowledge of survey techniques.
4. To consider how accreditation may be used to improve nursing education and nursing service in the individual community.

More than 700 nurses, representing all fields of nursing and all states, attended one or other of the work conferences. The New York conference was attended by more than 200 nurses from 20 states. One other Canadian nurse was also present—Sister Denise Lefebvre, who is to conduct the work conference on Evaluation and Accreditation of Schools of Nursing at the forthcoming biennial meeting of the Canadian Nurses' Association in Vancouver. Both Sister Lefebvre and I were deeply appreciative of the courteous welcome extended to us, and of the opportunity to share in the discussions of this absorbing topic. We also enjoyed the experience of participating in a particularly stimulating form of group dynamics.

As all fields of nursing are closely interrelated and have one common denominator, it seems natural and fitting that six major nursing organizations in the United States should have come together to establish, on April 6, 1949, a Committee on Unification of Accrediting Activities. The sponsoring organizations were as follows: American Nurses' Association; National League of Nursing Education; National Organization for Public Health Nursing; Association of Collegiate Schools of Nursing; National Association of Colored Graduate Nurses; and the American Association of Industrial Nurses, Inc. The personnel of the committee included all presidents and executive secretaries of the participating associations, with consultants from the fields of general education, medicine, and hospital administration.

As a result of the intensive work of this committee, the National Nursing Accrediting Service was established early in 1949. All accrediting activities were brought under this one agency, including those related to: basic nursing programs (non-collegiate and collegiate); public health nursing education; post-graduate nursing education; and non-professional programs for the preparation of practical nurses or nurse technicians. This amalgamation of accreditation procedures in nursing under one banner was a signal achievement which does honor to the courage, initiative, sincerity of purpose, and

Miss Street is secretary-registrar of the Association of Nurses of the Province of Quebec.

broad vision of the nursing profession in the United States. It is clearly recognized, of course, that the establishment of the National Nursing Accrediting Service marks only the beginning of the tremendous task which lies ahead. Careful and detailed plans have been drawn for translating this splendid dream into practical reality. Administrative machinery has been erected with scientific skill and precision. Most important of all, an excellent tool has been devised in the form of the "Manual of Accrediting Educational Programs in Nursing," which was published by the National Nursing Accrediting Service in the latter part of July, 1949. The Manual, as stated in its preface—

> Provides a common core of accepted policies, principles, and descriptive criteria which may be applied to any category of nursing education by the responsible board of review and the appropriate accrediting representatives in evaluating a specific educational program in nursing.

It is hoped and expected that the contents of the Manual will also be studied by the faculties of institutions and agencies desirous of seeking accreditation; and that their consequent familiarity with the general criteria, used in the evaluation of nursing programs, will be of great assistance to the institution or agency in preparing for and achieving accreditation. The compilation of this excellent handbook was the work of the Committee on Unification of Accrediting Activities, with the assistance of many nurses throughout the United States. Democratically evolved, it is also to be used democratically. It has been prepared in loose-leaf form, in order that revisions may be made as criteria change or new ones develop.

The purposes of accreditation, as set forth in the Manual, are as follows:

1. To stimulate progressive changes in nursing education that will improve nursing service and provide better health care.
2. To indicate, through published lists, institutions offering programs of nursing education worthy of public recognition.
3. To describe the characteristics of educational units offering programs in nursing education that are of superior quality.
4. To guide the prospective student in the selection of an educational unit offering programs in nursing.
5. To assist those responsible for schools and programs of nursing and state boards of nurse examiners in providing for the better preparation of nurses.
6. To encourage, within each educational unit, self-evaluation and study of its own problems in nursing.
7. To encourage appropriate groups to engage in suitable experimentation and research in nursing education and nursing service.

The *focal* purpose of accreditation is "to improve nurse education in order that more nurses may be prepared to furnish better nursing service to the public."

The first list of accredited programs of nursing education to be issued by the National Nursing Accrediting Service appeared in the October, 1949, number of *The American Journal of Nursing*. This list was stated to include programs formerly recognized by the Association of Collegiate Schools of Nursing, the Conference of Catholic Schools of Nursing, the National League of Nursing Education, and the National Organization for Public Health Nursing, and recommended by these organizations to the National Nursing Accrediting Service. It is proposed that subsequent lists will be published annually.

To a Canadian observer, the outstanding emphases in the new national accreditation program in the United States are as follows:

1. Accreditation of educational programs in nursing is a responsibility of the nursing profession.
2. The fundamental purpose is one which the nursing profession has recognized in all of its endeavors: "Better education for better nursing service."
3. Accreditation is voluntary. It is freely sought by institutions or agencies, not imposed upon them.

4. National accreditation is not intended to supplant school visiting programs as carried on by state boards of nurse examiners. The National Nursing Accrediting Service will not evaluate the program of any school which has not previously been approved by the state board.

5. Accreditation procedures are to be flexible. Each program will be evaluated in terms of its own stated objectives.

6. The importance of acquainting the nursing profession with the aims, philosophy, and methods of the new national program of accreditation has been recognized, and numerous institutes and work conferences have been held to this end. The steps in the accrediting process have been explained to and studied by groups of nurses attending these meetings. At the work conference in New York, these steps were presented by means of an impromptu dramatization, which was extremely effective and no doubt served to reassure many who may have been apprehensive about the accreditation process in relation to their own institutions or agencies.

Canadian nurses will watch with keen interest the progress of the National Nursing Accrediting Service in carrying out the challenging task which has been assigned to it.

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Nursing Sisters' Association

Last year the *Edmonton Unit*, now 31 members, decided to revert to a social club, as in the pre-war days, since all members are very active in other organizations. The executive for 1950 is as follows: President, Mrs. D. W. Rosser; vice-president, Margaret Thompson; recording and corresponding secretaries, Betty Farquharson and Mrs. C. B. Kidd; treasurer, B. Cole; representatives to: United Nations Association, E. Robinson, A. Dickson, B. Farquharson; Canadian Corps, Mrs. C. E. Anderson. The past president is Mrs. B. Morrison.

The unit was sorry to lose as members: Miss Baldwin, from Government House Convalescent Home, to go to Deer Lodge, Winnipeg; Irene (Beckler) Scott who is residing in Montreal; Shirley (Lane) Murray.

Margaret Thompson is with the city health department. She is president of the Quota Club and divisional officer with the reserve army of nurses. Ann Dickson is public school nurse with the city schools. B. Farquharson is doing private duty in the city. Beatrice Cole is taking the course in teaching and ward supervision at the University of Alberta. Frances Payne, former corresponding secretary, is secretary to Dr. John Scott, dean of medicine, University of Alberta. Helen (Bradley) Laycraft is instructor in public health at the university. C. Brown is nursing arts instructor at the University of Alberta Hospital while Helen Hamilton is science instructor there.

St. Regis Hotel was the scene of the annual dinner of the *Winnipeg Unit* when Dr. Athol Gordon gave an interesting and informative talk on "The Coroner and His Place in the Community." A general meeting and installation of officers followed the dinner when the following members were elected to serve during 1950: President, E. Watts; vice-president, F. McLeod; recording and corresponding secretaries, J. Lylyk, O. Stuart; treasurer, E. Haines; committee conveners: social, F. Spencer; visiting, M. Muir; Memorial Day, Miss Hudson; Poppy Day, Mrs. W. J. McCord; publicity, A. Maloney; advisory board, H. E. Wilson, Mmes N. Smith, L. Rabson, J. D. Moulden.

During the past year, a bridge party, Spring Tea, and Armistice Day Tea were held, the proceeds going to the Building Fund of the Children's Hospital.

Nursing Profiles

Kathleen Grace DeMarsh is the director of Outpost Hospitals with the Saskatchewan Division of the Canadian Red Cross Society. Born in Saskatchewan, Miss DeMarsh graduated from the Saskatoon City Hospital in 1941 and received her certificate in teaching and supervision in schools of nursing from the University of Toronto School of Nursing. After three years as director of nurse education at the Brantford General Hospital, she launched the first Red Cross nursing station in New Brunswick. She engaged in pioneer visiting nurse service for two years at the Miscou-Shippegan Nursing Station on Miscou Island. In 1948, Miss DeMarsh was given a special assignment by the Canadian Red Cross Society. For ten months she devoted her time to the task of rewriting their Home Nursing Manual.

Like most of us, Miss DeMarsh feels she would be happy to have two extra hours in every day, two extra days in every week in order to do all the things she wants to do. Her hobbies are badminton, African violets, and people—especially people!

KATHLEEN DEMARSH

M. Vicki LaRose has taken up her duties with the New Brunswick Division of the Canadian Red Cross Society in the capacity of provincial director of Red Cross nursing services and nursing stations. Born at Grenville, Que., Miss LaRose graduated from the Homoeopathic Hospital, Montreal, in 1923. She took a post-graduate course in tuberculosis work and was on the staff of the Western Maine Sanatorium. In 1930 she became public health nurse with the Argenteuil County Health Unit in Lachute, Que., resigning in 1942 to enlist as a nursing sister with the R.C.A.F. When she was discharged in 1946 she became supervisor of social services with the Venereal Diseases Division of the Quebec Ministry of Health. Completely bilingual, Miss LaRose speaks French and English with equal fluency. This will be a great asset to her in the expanding program in New Brunswick.

VICKI LAROSE

Margaret Godfrey has been named executive director of the Children's Aid Society of Cumberland County, N.S. Born at Wolfville, Miss Godfrey is a graduate of the Saint John General Hospital, N.B., and of the Maritime School of Social Work. During World War II she served as a nursing sister with the R.C.A.M.C.

Kay Feisel, a graduate of the Regina Grey Nuns' Hospital, has assumed her new duties as director of nursing at the McKellar Hospital, Fort William, Ont. Miss Feisel went overseas in World War II with the R.C.A.M.C. and was in charge of hospital units in Italy and Northwestern Europe. She was assistant matron of a 300-bed occupational force unit in Germany. Prior to the war, Miss Feisel was science instructor at Holy Cross Hospital, Calgary. She ob-

tained her certificate in administration in hospitals and schools of nursing from the McGill School for Graduate Nurses in 1948.

Mabel M. Stewart, a graduate of the former Lady Stanley Institute in Ottawa, was honored on the occasion of her 25th anniversary as lady superintendent of the Royal Ottawa Sanatorium by the medical, nursing, office, and dietary staff at a luncheon on December 21, 1949. She was presented with a gold wristwatch by Dr. D. A. Carmichael on behalf of the doctors and a corsage bouquet by Miss P. A. Walker. Dr. Carmichael expressed the staff's appreciation of Miss Stewart's able administration during the long years since she assumed her position. Miss Stewart was given a silver tray and a bouquet of roses, which were presented by Miss M. Thompson on behalf of all the staff.

Ashley & Crippen

JEAN E. BROWNE

Jean Elizabeth Browne, who has been national director of the Canadian Junior Red Cross for the past 28 years, retired at the beginning of this year. Born in Park Hill, Ont., of English and Highland Scottish parents, Miss Browne's career of teaching and organizing began when she graduated from the Toronto Normal School. After teaching for three years she entered upon her nursing training at the Toronto General Hospital ,where she graduated in 1910. The following year she went to Regina to organize a school nursing program. Six years later she was invited to extend her activities in public health by organizing a School Hygiene Branch in the Saskatchewan Department of Education. She remained as director of this service until 1922 when she moved into the national field with the Canadian Red Cross Society. Under her direction and stimulation the Junior Red Cross movement has flourished until today there are nearly 900,000 members in schools across Canada. Miss Browne feels there is "reason for great optimism" where our young people are concerned.

"They are interested and eager to accept responsibility, help others, and are doing much to promote international friendship."

Miss Browne has always taken an active interest in the activities of the nursing profession. She was the first president of the Saskatchewan Registered Nurses' Association and in 1917 assisted in securing their Registration Act. From 1922 to 1926 she was president of the Canadian Nurses' Association. It was during her term of office that the Nurses National Memorial in the Peace Tower in Ottawa was erected and dedicated. She was secretary of the Joint Study Committee for seven years; from 1934 to 1938 she was chairman of the C.N.A. Legislation Committee and for eight years was convener of the Exchange of Nurses Committee. Internationally, Miss Browne has been almost as well known as at home. In 1920 she took post-graduate work at Bedford College, London, and nine years later she gave a course of lectures there on methods in health education.

In acknowledgement of her services, Miss Browne has received many awards. She holds both the George V Jubilee Medal and the George VI Coronation Medal. She was awarded the Mary Agnes Snively Medal by the nurses of Canada in 1938. She has received the medal of the Danish Red Cross and is one of the handful of Canadian women who holds the Florence Nightingale Medal, the highest nursing award in the world. In her well-earned rest, her thousands of friends will wish her abundant health and happiness.

Catherine L. (Anderson) Townsend has relinquished the responsibilities she has carried faithfully for many years as instructor at the Montreal General Hospital and as chairman of the Board of Examiners of the Association of Nurses of the Province of Quebec. Born in Scotland, Mrs. Townsend

Notman, Montreal

CATHERINE TOWNSEND

received her education in Westmount, Que. When she graduated from the Montreal General Hospital in 1932, she was awarded the Mildred Hope Forbes Scholarship for highest aggregate standing during her three years. She enrolled in the McGill School for Graduate Nurses the following year and completed the work for her certificate in teaching and supervision. Returning to M.G.H., Mrs. Townsend became a head nurse and instructor in surgical nursing. After 1938 her time was all spent in the classroom. Despite her marriage to Dr. Stuart R. Townsend, medical consultant with the R.C.A.F., in 1943, she continued as an instructor as a wartime duty. Now, four years after the close of the war, Mrs. Townsend is going to devote her time to her home and husband. With gardening as her favorite hobby, she will have a busy time. Mrs. Townsend is continuing to act as chairman of the Scholarship, Loan and Bursary Committee of the C.N.A.

In Memoriam

Mary A. (Holt) Armstrong, who graduated from Saint John General Hospital, N.B., in 1895, died on December 17, 1949, following a serious illness of four months. For a number of years following graduation Mrs. Armstrong engaged in private nursing until her appointment as school nurse for Saint John in 1915. She retired in 1941.

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Florence Embury died on January 2, 1950, at the age of 84, after a long illness. Miss Embury had retired from nursing many years ago.

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Mary Elizabeth Fisher died on November 28, 1949, following a brief illness. Born in Ontario, Miss Fisher had trained and spent the great part of her professional life in New York City. When she retired some ten years ago she returned to Canada to live.

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Birdie (Campbell) Gowans, a graduate of St. Luke's General Hospital, Ottawa, died in Montreal on December 22, 1949.

* * *

Eleanor (O'Brien) Hishon, who graduated from the Royal Victoria Hospital, Montreal, in 1918, died on January 9, 1950. Mrs. Hishon took a course in x-ray work soon after she graduated. She engaged in private duty for a short time prior to her marriage.

* * *

Mary C. MacQueen died on November 30, 1949, following a year's illness. Graduating from a New York hospital, Miss MacQueen was assistant superintendent of nurses for a time at the Toronto General Hospital and also at the Toronto Western. Forced to leave her professional life by impairment of her hearing, Miss MacQueen had resided in Manilla, Ont.

* * *

Violet (Davies) Meekins, a graduate of St. Luke's General Hospital, Ottawa, died recently at Long Beach, Calif. Mrs. Meekins served overseas during World War I.

* * *

Katherine Theresa O'Connor, who graduated from the Ottawa General Hospital, died on December 25, 1949, following a lengthy illness. Miss O'Connor engaged in private nursing for a number of years before being appointed to the staff of the Ottawa Department of Health where she later became supervisor. She retired from active work in 1937.

* * *

Maude E. Retallick died in Saint John,

N.B., on December 29, 1949. A graduate of the Massachusetts General Hospital, Boston, Miss Retallick held several responsible supervisory positions there before assuming the post of superintendent of nurses at the Saint John General Hospital in 1913. For the next seven years she filled this position most capably.

Miss Retallick was a pioneer in the endeavor to elevate and maintain the standards of her chosen profession on a high plane. It was largely due to her untiring efforts that the Act of Incorporation of the New Brunswick Association of Registered Nurses was passed in 1916. She volunteered to act as secretary in addition to her full-time duties. By 1923, the association work had grown to such an extent it was necessary to employ an executive secretary. Miss Retallick was chosen for the position. Until her retirement in 1941, her leadership, interest, and wide knowledge of nursing affairs were given wherever the need arose. She was also the first school of nursing visitor for New Brunswick. Miss Retallick will long be remembered for her wit and clear thinking in association affairs.

* * *

Donalda Robertson, a graduate of the Royal Alexandra Hospital, Edmonton, died in Toronto on December 2, 1949. Miss Robertson served overseas during World War II with the R.C.A.M.C. She was appointed matron of Dundurn Hospital in Saskatchewan upon her return. For the past year she was on the admitting office staff of Toronto Western Hospital.

FLORENCE WALL

Florence (Newell) Wall, who graduated from Sydney City Hospital, N.S., in 1931, died suddenly on November 13, 1949, at the age of 45. Mrs. Wall was night supervisor at the Sydney hospital for a number of years.

* * *

Margaret Morris Watson, who graduated from the Children's Memorial Hospital, Montreal, in 1923, died the end of December, 1949, in Stafford Springs, Conn., where she was nursing superintendent of the Johnson Memorial Hospital. Miss Watson returned to the staff of C.M.H. as a supervisor two years after graduation. In 1927, she completed the public health nursing course at the McGill School for Graduate Nurses. She joined the staff of the Victorian Order of Nurses for a short period, going to the Shriners' Hospital in Springfield, Mass., in 1928.

Quebec Industrial Nurses

A three-day conference on *Industrial Nursing* is planned for *May 15, 16 and 17, 1950.* It is to be held at the McGill School for Graduate Nurses and is sponsored by McGill University and the Association of Nurses of the Province of Quebec. This is advance information so that management and personnel of the health centre of each industry may formulate plans for as many of their nurses to attend as possible. Letters will be sent to management and the nurses in industry with more complete information. For further details write to: **The Secretary, McGill School for Graduate Nurses, 1266 Pine Ave. West, Montreal 25, Que.**

Weather Man—Please Note!

Will spring come early to B.C. this year? Why are we interested?

Because Kelowna—situated on Lake Okanagan in "The Valley of the Blossoms"—has been selected as the scene of this year's annual meeting of the R.N.A.B.C.

Kelowna, a city noted for its beauty and hospitality, has been the venue of many conventions and is now waiting to welcome us. It is easily accessible by rail, air, or road—only 300 miles by car from Vancouver.

Excellent hotel accommodation.

The dates—The week-end after Easter—*Thursday, April 13:* Educational program; *April 14-15:* Business meetings.

Private Duty Nursing

Aniline Dye Poisoning of Babies

HELEN CLAIRE HOWES

Average reading time — 7 min. 48 sec.

NOT LONG AGO in Florida, three newborn babies died and two others were made seriously ill from what was reported in the press as "a strange ailment that turned them a mysterious blue color." One would think there had been enough case reports in the medical journals and news items in the daily press for hospital authorities to recognize the signs of poisoning from aniline dye. As a matter of fact, eight reports have appeared in medical journals, involving some 72 cases, with 5 deaths. The 3 deaths noted above bring the total to 8 babies, all dead from the same cause—aniline dye intoxication. This dye is commonly used to mark hospital linen, wash cloths, diapers, etc. It takes very little aniline, indeed, to cause intoxication, even in an adult.

The signs of aniline dye intoxication are distinctive so that the condition is not difficult to diagnose. The skin shows a grayish-blue cyanosis. There is marked apathy and there may be vomiting and anorexia. In very severe cases there may be convulsions and other nervous symptoms, and cardiac disorders. Bronchopneumonia frequently develops and, when death occurs before pneumonia develops, some maintain death is caused by the toxic effect of aniline on the heart.

Aniline is a colorless, oily liquid, derived from the reduction of nitrobenzene. (One report stated that there had been an odor of shoe polish around the nursery for several days prior to finding the infants cyanosed.) When exposed to air, aniline turns from yellow to brown. It mixes readily with alcohol, ether, benzene, or chloroform, but not readily with water. Aniline is used in the manufacture of dyes and rubber. The dye used for stamping usually contains nigrosin for color, aniline oil to fix it, and oil of nitrobenzene to dissolve the mixture.

Aniline dye is used to mark linen because the mark does not wash out, whereas other types of ink are not permanent. Bottles of stamping ink are usually labelled thus: "This ink contains Aniline Oil which must be removed by laundering before the marked article is stocked or worn." Even if the bottle is not marked, it should be (and probably is) the rule in every hospital that all newly-marked linen should be boiled immediately and thoroughly dried before use. If this precaution is taken, aniline oil dye is absolutely harmless; if this precaution is not taken, it is deadly, particularly to babies.

Human beings may be poisoned by linen, freshly stamped with aniline dye, in three ways: (a) inhalation of the aniline or nitrobenzene fumes, (b) absorption through the skin, and (c) by ingestion. As would be expected premature infants are more easily affected than full-term babies, doubtless because their skin—indeed the whole mechanism of the body—is more delicate. If prematures, who are living in the close confinement of the incubator, are diapered with unboiled, aniline-dye stamped linen, they are exposed to the dye through two channels: (a) the lungs, from inhaling the vapor, and (b) the skin of the buttocks, from absorption, particularly if diarrhea has caused excoriation.

In one report, diapers were tied

around the babies' necks as bibs. A baby in the sucking stage can very easily tuck a stamped corner into its mouth. In another report, the wash cloths that had been used on the babies turned the water black when wrung out.

In the body, aniline causes the ferrous iron in the hemoglobin to be turned back to ferric iron and acts on the hemoglobin to form methemoglobin. Since methemoglobin is not able to give up its oxygen, it cannot act as an oxygen-carrying pigment. There is not enough hemoglobin available to transport oxygen from the lungs to the tissues. (Prematures are especially susceptible to a diminished supply of oxygen.) The blue-grey color of the cyanosed baby may develop because of the dark color of the blood or because of the lack of oxygen in the tissues. Some clinicians believe the cyanosis to be due to a pigment formed in the subcutaneous tissues by the aniline itself.

Treatment in the past has consisted of, first and foremost, removal of the offending linen from the baby and the room, and the fumes from the atmosphere. Oxygen inhalation and blood transfusions have been given and injections of methylene blue. Workers at the Touro Infirmary in New Orleans (*J.A.M.A.*, Aug. 18, 1945) believe oxygen and methylene blue to be unnecessary and transfusion required only where the condition is acute. On the other hand, Scott *et al* (reporting 32 cyanosed babies in *J. Pediatrics*, 1946) stated that the injection of methylene blue intravenously brought a dramatic recovery in one infant, cyanosis disappearing in an hour. There were 3 deaths in this series.

In the latest report, covering aniline intoxication in 9 prematures in Chicago (*J. Pediatrics*, May, 1949), Kagan and his associates state that there is considerable disagreement regarding the value of methylene blue in treating these cases. It is believed that in high concentration methylene blue converts the ferrous iron to the ferric form and methemoglobin, whereas in low concentration it apparently reverses this process so that, following the intravenous injection of small amounts of methylene blue, methemoglobin rapidly disappears from the blood and is replaced by an equivalent amount of hemoglobin.

In this last series of cases, something new was added to the treatment of aniline dye intoxication—i.e., ascorbic acid in doses of 100 milligrams orally once or twice. Vitamin C has marked reducing properties, which provides the rationale for its use. Kagan *et al* state, however, that its therapeutic effect is difficult to assess since improvement was immediate in all cases as soon as the offending dye was removed from the environs of the baby. Nevertheless, there is evidence that the use of ascorbic acid in the diet of some of the babies may have prevented cyanosis from developing in the first place. Of the 9 who became intoxicated, 8 had never had ascorbic acid in the diet. The other one, whose symptoms were very mild, had received 25 milligrams of ascorbic acid daily for two months. On the other hand, of the 20 in the nursery who did *not* develop intoxication at all, 10 had received 25 mg. ascorbic acid daily for one to 8 weeks; one had received 100 mg. of ascorbic acid daily for a week, and 5 had received 30 to 90 cc. of fresh orange juice daily for 7 to 10 days. Kagan's work suggests that vitamin C-deficient babies are more susceptible to aniline dye intoxication than babies with a high ascorbic acid blood level.

These workers stress two points: (a) that such tragedies can be prevented by simple measures, and (b) that aniline intoxication can be treated satisfactorily, even in premature infants, if recognized early enough.

Hospital authorities will say that the first point is not so simple when hospitals are short-staffed, with rapid turnover. The fact remains, however, that adherence to a strict aseptic technique in handling all linens entering the nursery would prevent tragedies of this nature. Surely all new personnel could be made acquainted with the "shoe polish"

odor of aniline dye, the signs of cyanosis, and the terrible possibilities in delayed treatment.

And to the usual methods of treatment might be added the administration of vitamin C, not only to cyanosed babies, but on a prophylactic basis to all babies as early as possible after birth. (There are, of course, other important reasons why all children should have vitamin C regularly.) This procedure may prove to be a significant measure in preventing possible aniline intoxication in babies, regardless of where they are exposed to the poison.

In the Good Old Days

(The Canadian Nurse, March 1910)

"Housekeeping in a hospital 140 miles from a townsite had some interesting features. Our laundry, for instance, had all the advantages of travel—going down to Vancouver one week and returning the next—except on one memorable occasion when the bundles got unaccountably mixed, and the clean wash took the round trip while Miss F. and I faced an awful dearth of linen with what philosophy we could."

* * *

"Since 1903, the Women's Hospital Aid Society of Brantford, by their exertions, have bought and handed over an ambulance for contagious diseases, costing $410. A new laundry has been built and equipped with the best steam laundry plant, at a cost of $2,548; $139 was spend in furnishing a sitting-room for the nurses. An elevator for the use of patients, costing $1,000, was partially paid for by the W.H.A."

* * *

"We take great pleasure in announcing that the new hospital at Oshawa, which is now being erected at a cost of $10,000 and will have 14 beds, is to be opened on or about June 1, 1910."

* * *

"Toronto General Hospital has just received a donation of $250,000 from one of Toronto's favorite sons, Mr. J. C. Eaton, who presents this large gift in memory of his father, Mr. T. Eaton. The gift will build the surgical wing. The outdoor department will be proceeded with this spring."

* * *

"Are all our readers careful to take care of their own health? Do you ever go without your dinner, or your breakfast, or your lunch, or your hours of sleep? Don't begin bad habits. It is so easy to begin being careless about your health.

"Take care of your health. There have been men who, by wise attention to this point, might have made great discoveries, written great poems, commanded armies or ruled states but who, by unwise neglect, have come to nothing. Imagine an oarsman in a rotten boat: what can he do there but by the very force of his stroke expedite the ruin of his craft? Take care then of the timbers of your boat. And this is not to be accomplished by desultory or intermittent efforts of the will but by the formation of habits."

Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

Appointments—Cornwall: *Edna C. Lawson* (Hudson City Hosp., N.Y.). Galt: *Donna Thompson* (Kitchener-Waterloo Hosp.). Hamilton: *Dorothea Lea* and *Roberta Mathie* (St. Joseph's Hosp., Hamilton). Vancouver: *Sylvia Junek* (Winnipeg Gen. Hosp.).

Transfers—*Joyce Curran* from Galt to Waterloo, Ont., as nurse-in-charge; *Helen Keith* from Yarmouth, N.S., as nurse-in-charge to Port Arthur, Ont., as nurse-in-charge; *Helen Seibert* from Waterloo as nurse-in-charge to Toronto.

Resignations—*Jean Conlogue* from Saint John, N.B., *Isabel Kemp* and *Anna Knecht* from Montreal, *Marjorie McIntosh* from Port Arthur as nurse-in-charge, and *Elizabeth Morrison* from Vancouver.

Blood typing has already resulted in a marked decrease in infant deaths due to the Rh factor. Such deaths will be further reduced when routine typing is done on all pregnant women.

Institutional Nursing

Esophagectomy and Gastro-esophagostomy

NORA COSH

Average reading time — 13 min. 36 sec.

CARCINOMA of the esophagus is one of the most distressing forms of malignant disease pursuing a relentless course until the patient succumbs as a result of starvation or some complication, unless relief is brought. It is a disease largely of elderly men but often occurs in women between the ages of 50 and 70 years. So many of these patients present themselves for treatment when the disease is beyond the bounds of surgical extirpation and only some form of palliative treatment can be given them. Early recognition of the symptoms is, therefore, necessary in order to reach the diagnosis while the disease is still operable. Palliative operations such as intubation or gastrostomy extend the patient's life for only a very short time.

The most favorable site of carcinoma in the esophagus is the lower third and the esophagus-gastric junction. This carcinoma can be eradicated by transthoracic partial esophagogastrectomy. By this technique a radical resection of the area affected can be achieved and in addition restoration of the alimentary tract is established by means of an esophagogastric or esophago-jejunal anastomosis.

HISTORY

Mrs. Mann, age 51, is a charming, intelligent woman. In March, she experienced vague pains about the lower chest. In April, she began to have pain behind the lower sternum when she swallowed saliva. This would be relieved by belching. Two months later she first noticed difficulty in swallowing solids. Food seemed to stick behind the lower sternum and at the end of the meal she would frequently regurgitate a few mouthfuls. Shortly after this she began to have a continuous dull aching pain through the chest from the lower sternum to the back.

On August 31, barium swallow revealed narrowing of the esophagus at the junction of the lower and middle third, apparently from pressure from without. Deep x-ray was given at this time.

On November 26, an esophagoscopy showed a fungating tumor extending from the level of the aortic arch downwards for a distance of three inches. The biopsy report showed squamous cell carcinoma, grade one.

Mrs. Mann had been on liquids only for two weeks prior to admission to hospital. She had lost 20 pounds in a few months. Upon examination it was noted that she was slightly pale but was still well nourished. Lymph nodes in the neck and axilla were not palpable. The spleen and liver were not enlarged. Chest was clear, heart sounds were normal. Blood pressure was 140/100. There was no tenderness on pressure over the spinous processes of the thoracic vertebrae.

X-rays showed an irregular filling defect in the esophagus extending downwards from the level of the aortic arch for a distance of four inches.

OPINION OF ATTENDING PHYSICIAN

This was a very extensive carcinoma of the esophagus. No evidence of secondaries could be found and there was no indication that it had involved either the bronchi or recurrent

Miss Cosh, a 1948 graduate of the school of nursing of the Vancouver General Hospital, was engaged in general staff nursing on a women's surgical ward there when this patient's case was studied.

laryngeal nerves. However, it seemed to be adherent to the surrounding structures and might be inoperable for this reason. The fact that it was a squamous cell carcinoma, grade one, was in her favor. A left thoracotomy was indicated. If the tumor was not too adherent, it should be recessed and a gastro-esophagostomy performed.

Pre-Operative Treatment

Mrs. Mann was admitted to hospital December 17, only three days before the date scheduled for the operation. Many of these patients are in poor health with a markedly subnormal degree of nutrition due to dysphagia extending over a variable period of time. The diet should, therefore, be nutritious and of high caloric value. Food with a caloric value of 3,000 should be taken in each 24 hours. The diet is adjusted to the dysphagia present and semi-solids and fluids are given. The diet is high in protein and carbohydrate. Dehydration is dealt with so that the water balance of the body is restored. The plasma proteins in the blood are estimated and if subnormal in amount the deficiency is corrected by dietary measures supplemented, if necessary, by protein hydrolysates or a plasma transfusion given intravenously. The blood chloride level is determined and any deficiency is corrected giving increased amounts of sodium chloride. An adequate amount of vitamins should be given, specially riboflavin, thiamine, and ascorbic acid.

When dysphagia prevents the patient from taking an adequate amount of nourishment it may be necessary to perform a jejunostomy and give feedings for a period of three weeks before a partial esophago-gastrectomy is performed.

Any secondary anemia present is corrected. If the hemoglobin is below 70 per cent, one or more transfusions of whole blood are required to correct the deficiency. Mrs. Mann's hemoglobin was 85 per cent.

Chemotherapy of procaine penicillin, 300,000 units, a.m. and h.s., is given routinely, pre-operatively and post-operatively.

Preparation for Operation

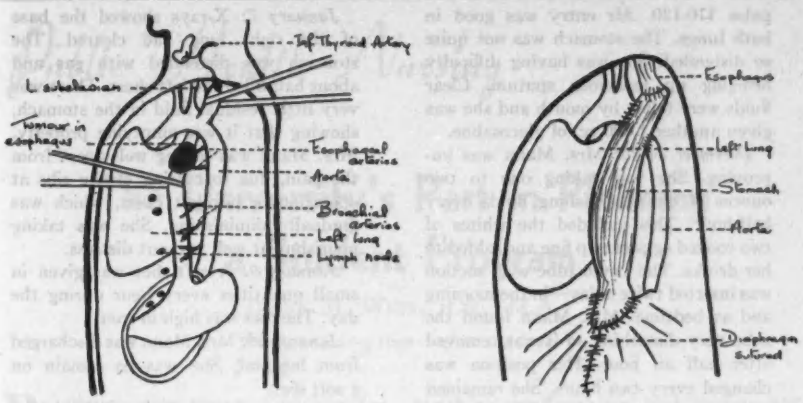
Mrs. Mann was allowed nothing by mouth after the noon meal on the day preceding the operation. The upper end of the esophagus was irrigated by means of a small catheter and a large syringe, using a sodium bicarbonate solution. This was done twice on the afternoon before and twice on the morning of the operation. An instillation of 125,000 units of aqueous penicillin in 10 cc. of saline was inserted into the esophagus following the irrigations.

The skin preparation consists of shaving the patient's entire chest from umbilicus up, including the axillae, as the site of the incision may not be definitely settled.

Operation

The anesthetic was endotracheal cyclopropane. An incision was made along the 7th left interspace and the chest was opened. The 8th rib was divided posteriorly. The lung was found to be free. The mediastinal pleura was opened longitudinally behind the pulmonary ligament and the esophagus exposed. A hard tumor was palpable, extending down the esophagus from the level of the aortic arch for a distance of about 8 cm. The esophagus was closely adherent to the superior pulmonary vein, the arch of the aorta, and the right main bronchus. It was separated from these structures. The diaphragm was then opened from the esophageal hiatus to the anterior chest wall, and the stomach prepared by dividing the gastric arteries and the gastro-colic omentum down almost to the duodenum. The left gastric artery was then ligated and divided close to its origin, freeing the stomach so that it could be brought well up into the chest. The stomach was divided close to the cardiac end and the stump closed. The stump of the esophageal end was left clamped.

In order to get more exposure the 7th, 6th, and 5th ribs were divided along with their intercostal bundles. The esophagus was then brought out above the arch of the aorta. The stomach was pulled up into the chest and was found to



reach two inches above the arch of the aorta, but under considerable tension. The stomach was anastomosed to the esophagus about 3 cm. above the aortic arch. The diaphragm was sutured about the stomach wall so as to relieve tension on the suture line, leaving a hiatus about 1½ inches in diameter. The remainder of the diaphragmatic opening was then sutured. The chest was irrigated with normal saline, sucked dry, and the anastomatic area powdered with a sulfathiazole-penicillin mixture. The chest was then closed. An intercostal catheter was left in the anterior end of the wound and attached to an underwater tube which allowed fluid to drain from the chest and did not allow air to enter the thoracic cavity. Dry dressing was applied firmly. The patient was placed on her back with the foot of the bed elevated about 12 inches. Following her return to the ward, Mrs. Mann's condition became rather poor but she responded well to transfusion and intravenous therapy. Her blood pressure was 98/50 due partly to shock from the operation which took seven hours.

Post-Operative Care

December 20: On return from the operating-room Mrs. Mann was placed in an oxygen tent in order to relieve dyspnea. The water and electrolyte content of the body was maintained by the intravenous administration of 5% glucose in water. The underwater drain was checked immediately to make sure it was fluctuating with her breathing and draining well. Mrs. Mann's position was changed every two hours and she was encouraged to cough to prevent a mucous plug from forming.

December 21: The foot of the bed was lowered and she was taken out of the oxygen tent for four hours. Twelve ounces of sanguinous fluid had drained. Her condition was fairly good; she was slightly pale but not cyanosed. Breath sounds were good throughout both lungs. She was turned frequently and encouraged to cough every hour to prevent any lung complications. X-rays showed the left lung well re-expanded. There was a small amount of fluid at the right base and a partial atelectasis in the right lower lobe. Mrs. Mann was taking only sips of water by mouth. An intravenous of 1,000 cc. of 5% glucose in saline was given with 500 mgm. vitamin C added. Her blood pressure was 125/80; pulse 98, of good quality.

December 22: Mrs. Mann was slightly pale and cyanosed. Her respirations were labored and pulse rapid—120; blood pressure 105/80. She was placed on the seriously ill list. A hemoglobin test was done and this was 110. X-rays showed considerable distention of the stomach in the left chest with a slight shift of the mediastinum. This was causing the labored respirations. A transfusion of 800 cc. of plasma was given followed by 1,000 cc. of glucosaline. A small Levin tube was passed into the stomach and a considerable quantity of old blood and gas was aspirated. The stomach was then suctioned for one hour every four hours.

December 23: Her condition was slightly improved. Blood pressure 130;

pulse 110-120. Air entry was good in both lungs. The stomach was not quite so distended. She was having difficulty bringing up tenacious sputum. Clear fluids were taken by mouth and she was given another 1,000 cc. of glucosaline.

December 24-26: Mrs. Mann was improving. She was taking one to two ounces of clear nourishing fluids every half-hour. This included the whites of two cooked eggs cut up fine and added to her drinks. The Levin tube with suction was inserted twice a day—in the morning and at bedtime. Mrs. Mann found the tube very disturbing so it was removed after half an hour. Her position was changed every two hours. She remained in the oxygen tent most of the time as her respirations were still labored. She was able to cough up a moderate amount of phlegm.

December 27: Color was good, no dyspnea. She was coughing up clear sputum. The right lung was clear except for a few râles at the right base. The left lung was clear at the apex. She was taking nourishment well.

December 28: A special protein mixture "Essenamine" was added to the clear fluids. She was receiving 1,000 cc. of 5% glucose in saline daily. X-rays showed the left upper lobe was well expanded with a distended stomach in the left chest. There was very little shift of the mediastinum. There was evidence of pneumonitis in the right lung.

December 31: Mrs. Mann was taking vitamins by mouth. The oxygen tent and gastric suction were discontinued.

January 3: She was feeling much better. The drainage tube and sutures were removed. The wound was well healed. Air entry was good throughout the right lung. No adventitious sounds were heard. She was on a diet of fruit juices, strained soups, and junket.

January 7: X-rays showed the base of the right lung had cleared. The stomach was distended with gas and about half filled the left chest. There was very little residual fluid in the stomach, showing that it was emptying properly. Mrs. Mann was feeling well apart from the pain, due to cutting of the ribs at operation in her left chest, which was gradually diminishing. She was taking nourishment well without distress.

January 9: A soft diet was given in small quantities every hour during the day. The diet was high in iron.

January 20: Mrs. Mann was discharged from hospital. She was to remain on a soft diet.

SUMMARY

In carcinoma of the lower third of the esophagus, of the esophagogastric junction and of the cardiac portion of the stomach, the operation of transthoracic esophago-gastrectomy is the treatment of choice. By this method it is possible to remove the disease and to restore the continuity of the alimentary tract by an esophagogastric or esophago-jejunal anastomosis.

The most important points in nursing care include the following:

1. Pre-operatively the diet must be of high caloric value and usually has to be forced since the patient will have difficulty in swallowing.
2. Immediately post-operatively, the patient's position must be watched to allow for proper drainage and good breathing. She must be turned every two hours and encouraged to breathe deeply in order to keep the lungs well expanded.
3. The patient must be encouraged to cough frequently in order to prevent an atelectasis from occurring.

Handbook on Poliomyelitis

As of March 1, 1950, a charge of *35 cents per copy* will be made for the 88-page handbook, "Nursing for the Poliomyelitis Patient," published in 1948. Sale of this publication is limited to nurses, physicians, physical therapists, and members of allied professional groups—in accordance with policies of the medical department of The National Foundation for Infantile Paralysis. Orders should be sent to the **Joint Orthopedic Nursing Advisory Service, 1790 Broadway, New York City 19.**

Public Health Nursing

The University's Part in Planning a Student Program

JENNY M. WEIR, B.Sc., M.A.

Average reading time — 6 min. 24 sec.

PLANNING THE FIELD program for students at Queen's School of Nursing involved consideration of:

1. The course offered by the School; the background of the students enrolled; the objectives of the courses; time-table restrictions.
2. The objectives of field observation and experience.
3. The facilities available for field observation and experience.

Queen's School of Nursing offers two *types of courses*—a five-year course leading to a Bachelor of Nursing Science degree, with either public health nursing or teaching and supervision being chosen as the specialty in the final year; and a diploma course for graduate nurses, a one-year course, in either specialty. The objective of the courses is to prepare nurses for first-level staff positions in public health nursing or teaching and supervision. This preparation should involve developing in the student enthusiasm for the chosen field; providing the students with a body of knowledge which they know how to use; and helping them to develop an awareness of their limitations and how these limitations can be reduced by use of community resources. Regardless of the field, all final year and diploma students take the course in Principles of Public Health Nursing and the field observation trips. The teaching students are included to aid them in their future teaching of the preventive concept in schools of nursing.

Nursing students take a number of lectures and laboratories with students of other schools and faculties. This has advantages. The students come in contact with a wider field of interest through discussion with people in other interest groups. However, one disadvantage is that the field program during the year must be planned with time-table restrictions in mind—restrictions dictated by larger sections of the university. So far, this has not proved a great disadvantage. Blocks of field experience are planned prior to and following the academic year. There are also spaces in the time-table suitable for field visits.

The objectives of field observation and experience are:

1. To round out experience.
2. To provide an opportunity to apply theory.
3. To observe and utilize community resources.

It would be difficult, if not impossible, for a school of nursing to realize their objective of preparing nurses for first-level staff positions without field observation and experience. The success of a public health nurse can be measured by her ability to apply theory. The success of a university course to prepare public health nurses could be measured by the same standard. Therefore, part of the university's responsiblity is to

Miss Weir is lecturer in public health nursing and acting director of the School of Nursing of Queen's University, Kingston, Ont.

realize the importance of the field program to the student and the standards of the school.

Facilities available for field observation and experience: A university school of nursing has as its primary purpose the preparation and education of students. Public health nursing agencies and other community resources do not have this as a primary purpose. They have their service to the community to consider first. There are advantages to be gained by the agencies from student visits or affiliation. The university should try to be aware of agency problems. Conferences between agencies and the school faculty may bring some of these problems to light. The agency may be so keen to assist that they do not give a true picture of difficulties. One of the ways to overcome this is for the school faculty to keep from getting so far away from practical experience that they forget the problems of service.

The writer had a very worthwhile experience last spring. The Ontario Division of Public Health Nursing planned a period of field observation for her. She spent two weeks with the Brant County health unit. Being back in the field highlights again the many demands made on an agency for field work, as well as showing new developments in operation.

How was the student field program for Queen's School of Nursing planned? What is at present offered? What is the hope for the future?

In the first year of the degree course the students are introduced to the preventive concept by a course of lectures, including personal hygiene and an introduction to community health. Visits to community resources reinforce these lectures. These visits are not meant to duplicate the visits they will make later in their hospital experience and are, therefore, planned with that in mind.

During the three years of training, field observation is determined by the school of nursing in which the student takes her training. Queen's School of Nursing must approve the choice of the school made by the student. An attempt is made to have the students enrol where the preventive concept is taught throughout training. This is one difficulty yet to be overcome.

Prior to the final year's work the public health nursing students must complete a period of four weeks' observation with the Victorian Order of Nurses. A period of employment with this Order is counted in place of the field experience. A report of the field experience or employment is sent to the school by the V.O.N. This prerequisite to the final year or diploma year helps to make up lacks in the students' background as well as create enthusiasm for the chosen field. We would like to see this experience extended to include our teaching and supervision students. The needs of our school in this field of student affiliation are easily met by correspondence and discussion with the chief superintendent of the V.O.N.

Field visits during the final degree year and the diploma year are meant to supplement the lectures in Preventive Medicine and Principles of Public Health Nursing. Queen's University occupies an enviable spot in the community. This regard was very valuable when we came to plan field visits. Discussion with the medical officer of health for Kingston indicated visits he planned for the medical students. These served as a guide until a knowledge of the community was gained.

Field observations during the year are planned with the co-operation of the director of public health nursing for the city of Kingston. She and her staff give us excellent support in child welfare, school work, and chest clinic observation. It is hoped these observations can be extended to include industry and social agencies. Shortages of trained staff have meant delay. The students do get valuable observation of the co-operation of social agencies in their attendance at mental health clinics. Kingston has a centre for the boarding-home care and study of children with serious emotional problems, making foster home placement or adoption difficult.

The work done by this centre gives the students an excellent idea of the co-operative effort of mental hygienist, social worker, psychologist, school teacher, public health nurse. Weekly conferences to discuss problems are held.

These are some of the ways in which throughout the year the students are helped to see the application of theory. How about their opportunity to apply the theory in the field? This is given in the spring, following the close of lectures. Discussion of the students' needs with the educational supervisor of the Division of Public Health Nursing of the Ontario Department of Health precedes the placing of students for a four-week term of experience with an official agency. The process seems so simple that the university might easily forget the planning which has gone into zoning Ontario so that the several universities may have a share in the available field experience.

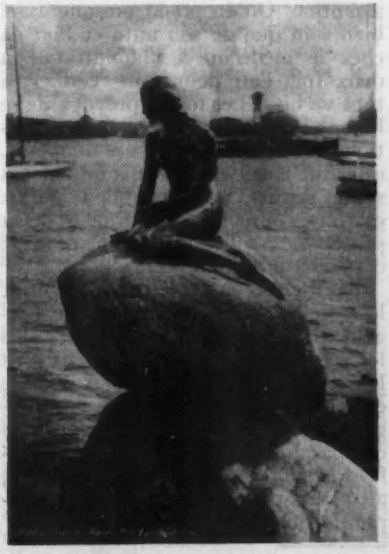
This program is not static. It grows from year to year. The university's part in planning this program includes: Outlining the needs of the students; learning the community facilities to *supplement* the university program (the student should go into the field as well prepared as possible—the agencies should not be expected to make up all the lacks in the students' background); contributing in any way possible to the community health and welfare program. Student affiliation can be a learning experience for the teacher as well as the student.

International Group Excursion in Denmark

Though it is hoped that most Canadian nurses who are travel-bent next summer will be going to the C.N.A. convention in Vancouver, for those who are planning a trip to Europe the announcement of the Danish Council of Nurses will hold interest. They are planning for a special course on "Tuberculosis Care and Treatment, Especially in Relation to the Prevention of Tuberculosis and to B.C.G. Vaccination."

Copenhagen will be the centre of the studies from *June 11 to June 24*. Through lectures, which will be in English, visiting nurses will be made acquainted with social care and tuberculosis treatment in Denmark. In addition, excursions will be arranged to various institutions in Zealand, such as sanatoria for grown-ups and for children, seaside hospitals and sanatoria, convalescent homes and "Christmas stamp" homes.

The expenses involved will be Danish kr. 300 (£15). This amount includes the cost of board, lodging, and all excursions and lectures. The Danish Council of Nurses will provide accommodation. The final date for application is **April 15.** Write to the *Canadian Nurses' Association, 1411 Crescent St., Montreal 25.*



The Mermaid—Copenhagen

Aux Infirmières Canadiennes-Françaises

Assurances Sociales

SUZANNE GIROUX

Lecture — 12 min. 48 sec.

DE TOUT TEMPS le public s'est intéressé à son bien-être, mais depuis ces dernières années une association plus étroite s'est faite dans les esprits entre la santé et le bien-être.

Tous les jours les journaux, sachant combien les gens sont avides de ce genre de nouvelles, rapportent des découvertes sensationnelles de la médecine et de la chirurgie et des guérisons qui tiennent presque du miracle. Rayons-x, poumon d'acier, reins artificiels et radium sont des termes familiers pour le plus profane de la médecine.

Ce pauvre corps, si dédaigneusement traité par les moralistes de jadis, est devenu l'objet d'une grande attention. On en prend presque aussi bien soin que de son auto et l'on va chez le médecin, à l'hôpital une à deux fois l'an pour faire vérifier si tout va bien. Les moins prévoyants se hâtent, dès les premières manifestations de la maladie, de faire de même, espérant entraver à temps le mal qui se fait sentir. Or, depuis que le public est plus conscient de la valeur de la santé, il a envahit (prit presque d'assaut) nos hôpitaux.

Les riches, en ceci comme en tout le reste, obtiennent tout ce que l'argent peut procurer et partant tous les soins même les plus coûteux que leur santé peut réquérir. A l'autre extrémité de l'échelle sociale, les indigents jouissent d'avantages presque comparables, grâce à la charité professionnelle et à l'assistance publique, au moins pour ce qui a trait à l'hospitalisation.

Mlle Giroux est visiteuse officielle pour les écoles d'infirmières françaises de la province de Québec.

Pour ces deux classes de la société donc rien de changer, mais pour la classe moyenne les assurances contributives du type de la Croix-Bleue ont certainement été d'un grand bienfait et, dans bien des cas, d'un grand secours.

Chacun sait quelle catastrophe peut être pour ces foyers la maladie grave du père ou de la mère et souvent quel problème économique peut représenter l'appendicite de la cadette ou la simple ablation des amygdales du petit dernier.

Malgré le bienfait de ces assurances, tout le public ne peut en bénéficier. Certaines familles ont de lourdes charges et le salaire suffit à peine à subvenir aux nécessités de la vie.

Ces gens, comme bien d'autres, trouvant onéreux de payer des assurances, des frais d'hôpitaux, se tournent du côté de l'état et demandent une plus grande sécurité sociale en matière de santé. Si d'une part le public se tourne du côté de l'état, on voit d'autre part les hôpitaux se diriger du même côté et demander une assistance financière.

La guerre, la perception des impôts sur les revenus et sur les successions ont diminués les grandes fortunes. Les dons aux hôpitaux se font de plus en plus rares et moins généreux. Il en résulte que les déficits des hôpitaux ne sont plus comblés et aussi une augmentation dans le coût de l'hospitalisation; 87 pour cent des revenus de l'hôpital proviennent des malades. Le malade ne peut payer davantage et, sans augmenter ses charges, l'hôpital voit son déficit grossir d'année en année. L'hôpital et le malade sont pris dans un cercle vicieux dont ils ne peuvent sortir sans une aide.

D'où viendra cette aide? On a vu que l'on ne peut plus beaucoup compter sur la charité privée; la charité professionnelle doit aussi par la force des choses se limiter.

L'état deviendra-t-il le bras droit de la Providence et assurera-t-il à chaque citoyen la sécurité sociale dont il a besoin en maladie? L'état c'est nous—en démocratie, le peuple. Quel nouvel impôt aurons-nous à payer pour arriver à cette fin? La liberté et la dignité humaine veulent-elles que l'état devienne l'administrateur de nos économies en cas de maladie, comme il l'est déjà pour les accidents du travail et pour les chômeurs?

Avant de résoudre ce problème philosophique, voyons un peu ce que l'on entend par les expressions si couramment employées—sécurité sociale, médecine sociale, assurance-santé, etc. J'emprunte au Dr. Jules Gilbert, directeur de l'enseignement de l'hygiène au Ministère de la Santé et sous-directeur de l'école d'hygiène de l'Université de Montréal, les définitions suivantes:

La sécurité sociale est un système collectif de protection contre certains risques et certains besoins qui dépassent les moyens de la majorité des individus. Dans ces risques ou besoins entrent les principaux hasards de la vie qui privent la famille de son moyen de subsistance—que ce soit le décès, le chômage, ou l'invalidité, et que celle-ci soit due à la maladie, à l'accident, à l'infirmité, ou à la vieillesse.

L'assistance sociale a pour but de soulager ces malaises sociaux, mais sur une base de compassion et de charité. C'est une aide gratuite, découlant du soi-disant paternalisme de l'état, d'ordinaire réservé aux groupes de la population classés comme indigents et à bas revenus.

La médecine sociale se distingue facilement de la médecine privée dans sa forme traditionnelle, que tout le monde connaît. C'est un mode de distribution des soins médicaux, organisé de manière à satisfaire les besoins réels de la société, indépendamment de la capacité de paiement des malades. Il est basé sur ce principe que le manque d'argent ne doit pas être une entrave au recouvrement de la santé. C'est là évidemment une préoccupation d'ordre social, qui cherche à promouvoir le progrès national par la conservation d'un bien infiniment plus précieux que la richesse—le capital humain.

L'assurance médicale: Lorsqu'une forme de contribution fixe ou variable, individuelle ou familiale, est prélevée pour le financement du système, celà devient de l'assurance médicale. Remarquons que la taxe spéciale, la cotisation, la prime, le droit d'enregistrement, etc., ne sont que divers modes de contributions en vue d'accumuler un fonds commun pour défrayer le coût des soins qui seront requis par ceux qui tomberont malades. Quand l'assurance est libre dans une entreprise commerciale ou non-lucrative, on la dit *volontaire;* quand elle est généralisée par décret à toute la population, on la dit *obligatoire.* (C'est le mode existant actuellement en Angleterre et dans notre pays en Colombie-Britannique et Saskatchewan.)

Si les services ne sont rendus qu'aux individus devenus malades, c'est évidemment *l'assurance maladie.* Si les bénéfices ou prestations sont restreints aux malades hospitalisés pour leur traitement, on a alors *l'assurance hospitalisation.* Mais lorsque, au lieu de se limiter au traitement de la maladie déclarée, le système offre à titre de bénéfices des services de nature préventive pour la conservation de la santé, alors et seulement dans ce cas peut-on parler *d'assurance-santé.*

En 1944, le parlement approuva le rapport Heagerty lequel préconisait l'institution d'un régime obligatoire contributif d'assurance-santé au Canada. En Angleterre, le rapport Beveridge a amené l'établissement d'assurance-santé.

Aux Etats-Unis, plusieurs initiatives du gouvernement font prévoir que l'assurance-santé fera partie du programme de sécurité sociale de ce pays. Au Canada, deux de nos provinces, l'Alberta et la Saskatchewan, ont des formes d'assurance-santé. Où en sera notre pays dans cinq ans, dans dix ans d'ici?

Actuellement il se poursuit à travers tout le Canada une enquête rela-

tive, dit-on, au projet de l'établissement d'une assurance-santé. Dans chaque province on fait le relevé des ressources et des besoins, hôpitaux existants, hôpitaux à construire, service d'hygiène à créer ou à développer, formation du personnel, etc. Quel sera le résultat de cette enquête? Devant les besoins, présumés considérables de notre population, se hâterait-on de construire des hôpitaux sans trop s'inquiéter de la valeur du personnel donnant des soins aux malades? Ou, au contraire, s'assurerait-on le concours d'un personnel bien qualifié pour conduire à bonne fin un programme de santé à la portée de toute la population de la province, qu'elle soit urbaine ou rurale?

Chose certaine, deux points importants semblent à l'ordre du jour—la nécessité de diriger nos efforts vers la prévention et la nécessité de former un personnel compétent.

En viendra-t-on dans notre pays à l'établissement prochain d'une assurance-santé nationale, contributive, obligatoire? Quelle sera la répercussion de ce projet si jamais il se réalise? Certainement une meilleure santé et peut-être un plus grand rendement économique. Espérons que ce paternalisme de l'état n'amoindrira pas chez-nous les vertus de force, de prudence, de tempérance, et de justice sur lesquelles s'appuie toute grande nation.

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Ontario

The following are recent staff changes in the Ontario Public Health Nursing Service:

Appointments: *Florence I. Greenaway* (Toronto Western Hosp.; University of Toronto School of Nursing; B.N., McGill University) has joined the staff of the Division of Public Health Nursing. Her experience includes staff work and supervision with the V.O.N. as well as in the official field. She was supervisor of public health nursing with the Bruce County health unit during the first two years of its development.

With the annexation of the townships of Nepean and Gloucester to the city of Ottawa, *Ina Dickie* (Hamilton Gen. Hosp. and University of Western Ont. certificate course and U. of T. advanced course in administration and supervision), who has been supervisor, Carleton health unit, has been appointed to the supervisory staff of the Ottawa board of health. *Anna MacFarland* (Children's Memorial Hosp., Montreal, and McGill University public health course) and *Hazel Wilson* (Ottawa Civic Hosp. and McGill U. p.h.n. course) have also transferred to the Ottawa board of health. *Jennie Aris* (Barton Hepburn, Hosp., Ogdensburg, and approved school nurse cert. summer course, Ont. Dept. of Education) has rejoined the public school service of Nepean Township.

Dorothy (Boyd) Johnston (U. of T. diploma course) as senior public health nurse, Woodstock; *Dorothy (Morgan) Lang* (St. Joseph's Hosp., Toronto, and U.W.O. cert. course), formerly with Huron County health unit, to Etobicoke Township board of health; *Jean McArthur* (Toronto Gen. Hosp. and U. of T. general course) to York Township board of health; *Rose-Idele Pilon* (Ottawa Gen. Hosp. and University of Montreal p.h.n. course) to Prescott and Russell health unit; *Marian (Higginson) Ransden* (Toronto Western Hosp. and U. of T. gen. course), formerly with Halton County health unit, to Ottawa board of health; *Maude Reesor* (St. Catharines Gen. Hosp. and U. of T. gen. course) to East York-Leaside health unit.

Resignations: *Jean Johnston* from Etobicoke Township board of health; *Gladys (Neal) Owen* as public health nurse, Espanola; *Lottie (Muir) Wilson* from East York-Leaside health unit.

Trends in Nursing

Average reading time — 8 min. 48 sec.

The Registrars' Conference

On November 7 and 8, just prior to the Executive Committee meeting of the C.N.A., the registrars from across Canada met at our headquarters in Montreal to discuss common problems.

The members present were: The eight provincial executive secretaries, Prince Edward Island only being absent; director, Nurse Registration Branch, Ontario; chairman, Committee on Educational Policy, C.N.A.; president, Registered Nurses' Association of Nova Scotia; editor and business manager of *The Canadian Nurse;* two National Office secretaries and the Canadian Nurses' Association's statistical worker. The sessions were chaired by the general secretary, Gertrude M. Hall. Agnes Macleod acted as secretary for the conference.

After welcoming the group, Miss Hall paid a moving tribute to Miss Upton, who had attended the previous registrars' conference and whose comradeship we all sadly missed.

The first item of business was a review of the resolutions resulting from the last conference in December, 1947. This resulted in a province by province report on:

1. Any modifications that had been made in educational requirements for admission to schools of nursing.
2. Extent of use being made of psychometric tests.
3. Recommendation that each provincial association set up a committee to which students, who had resigned but wished to enter another nursing school, might turn for advice.
4. Modification of educational requirements for reciprocal registration.
5. Interest in or use made of the suggested uniform application form.

Miss Hall reported on the action taken on two additional resolutions.

Muriel Archibald discussed methods of obtaining statistical data and Marion Nash explained the procedure followed in drawing up the booklet on Salary Schedules.

On the first afternoon we were privileged in hearing from Sister Denise Lefebvre a scholarly presentation of the evaluation program in schools of nursing, with emphasis on preparation and procedures for the visit to the school and preparation for the report.

Margaret Street shared with us her experiences in attending a work conference on the accreditation program held in New York last August.

A lengthy and very helpful discussion occurred on the problems connected with reciprocal registration for nurses from European countries, in particular those nurses brought to Canada under contract from displaced persons camps.

Miss Nash discussed methods of publicizing the work conferences, enlisting the co-operation of the provincial secretaries in interpreting to our members the purpose and value of this form of study.

The last item on the agenda was one which we will all remember—Miss Hall's account of the National Secretaries Conference held in Sweden.

The registrars were guests of the C.N.A. at an informal luncheon at the Business and Professional Women's Club on Monday and of the Association of Nurses of the Province of Quebec at a luncheon in the Vice-Regal Suite of the Ritz Carlton Hotel on Tuesday. Both were most enjoyable events.

From the Registrars' Conference, the following resolutions were submitted:

1. WHEREAS, It is helpful to provincial associations to know the nature and extent of difficulties encountered by their nurses in respect to reciprocal registration; therefore be it

Resolved, That the Canadian Nurses' Association request that each provincial

registrar notify the appropriate provincial office in each instance that a Canadian nurse is found to be ineligible for registration in another province.

2. WHEREAS, In general education, it is accepted policy to provide each student with an official statement of the content of course completed; and

WHEREAS, Nurses upon graduation frequently are required to submit a record of their training for educational and/or registration purposes; therefore be it

Resolved, That the Canadian Nurses' Association recommend to the provincial nurses' associations that schools of nursing be urged to supply to each nurse upon graduation an official transcript of her nursing course, including theory and practice.

3. WHEREAS, The Canadian Nurses' Association has endorsed the principle of evaluation and accreditation of schools of nursing; and

WHEREAS, There is a need to interpret the purpose and value of an evaluation and accreditation program both within and without the profession; therefore be it

Resolved, That as necessary first steps:

(a) A series of articles on the subject be published in *The Canadian Nurse*.

(b) It be suggested to provincial nurses' associations that programs for annual meetings within the next year include an interpretation of evaluation and accreditation.

(c) The Canadian Nurses' Association recommend to provincial associations that regional conferences on this topic for schools of nursing administrators be arranged.

4. WHEREAS, The C.N.A. Executive passed a resolution in 1936 urging all university schools and departments of nursing to standardize the requirements for admission to the same level as that required by all other faculties and departments; and

WHEREAS, There are many experienced senior nursing personnel whose educational qualifications debar them from enrolment in these schools or departments of nursing for advanced work in such fields as administration, supervision, etc.; therefore be it

Resolved, That the Council of University Schools and Departments of Nursing be approached with a view to making a study of the situation in the hope of finding a possible solution that would be applicable in individual instances.

5. WHEREAS, The policy of setting salaries for hospital nurses in terms of a stated amount plus maintenance results in a faulty conception of the actual remuneration received and, where part of the nursing staff does not live in residence, penalizes this latter group; therefore be it

Resolved, That the Canadian Nurses' Association seek the co-operation of the Canadian Hospital Council in an endeavor to have all nurses' salaries established as gross salaries.

Exciting Times

From Delhi comes a report of a meeting of representatives from Afghanistan, Burma, Ceylon, India, Thailand, and French and Portuguese India, who met in the World Health Organization Regional offices to discuss health problems. The report states:

> The discussion held amid stifling heat in a tiny conference room would have seemed to an outsider rather unexciting. Yet in a sense these three days were both exciting and sensational. They proved that four hundred million people, through their representatives, can meet on common ground, discuss problems, and reach decisions that aim at alleviating human suffering.

The decision to pool facilities for personnel training and for various types of research work was the first step of vital importance. The writer continues:

> The needs are so vast and the men and women trained to do the work are so few in numbers that unprecedented international team-work is called for.

When we think of what the control of malaria and venereal disease would mean not only in improved health but in new ability to provide the wherewithal to sustain life, that is, to provide what we in this country take for granted—food for all to eat—we are convinced that nurses must

know what World Health Organization is attempting so that they can intelligently interpret the work of WHO and support it in every way possible.

The article mentions the second great need, medical supplies, without which the trained personnel can accomplish little. Currency devaluation has increased the difficulties as most drugs have to be imported. A survey has been requested to determine the needs of the individual countries and their existing resources in raw material, technical personnel, etc., so that, with facts at their command, "a comprehensive and co-ordinated plan for the development of local production facilities in strategic centres throughout the region" can be organized.

The promise—"liberation from the slavery of disease and misery"—for vast numbers of people is, as the article says, sensational. This promise cannot be fulfilled in a month or a year, but already some results are noticeable. It is well to remember that "health, like peace, cannot be bought anywhere in the world at cut-rate prices."—*WHO Newsletter*, Oct. 1949.

Citizens' Forum

How many Canadians listen to "Farm Forum" and "Citizens' Forum"? This is a unique form of program, originating in Canada and not duplicated anywhere else in the world. Through provincial and national reports of Forum opinion, a two-way channel of communication is established. "The people on the broadcast panel don't have the last word on the subject. The listener, too, has an opportunity to air his views." This affords Canadians "a better means of bringing public issues home to people, of helping people find solutions to their problems and take action, than exists in any other country."

See *Food for Thought* (page 31) for information on how to form a discussion group. This booklet may be obtained from the Canadian Association for Adult Education, 340 Jarvis St., Toronto 2.

Orientation et Tendances en Nursing

LA CONFÉRENCE DES REGISTRAIRES

Le 7 et 8 novembre les registraires des associations provinciales d'infirmières du Canada se réunissaient en conférence, préalablement à la réunion du Comité Exécutif de l'Association des Infirmières du Canada, dans le but de discuter leurs problèmes communs.

Assistaient à cette réunion: Les secrétaires-registraires de toutes les provinces sauf celle de l'Ile du Prince-Edouard; la directrice du département des infirmières du Ministère de la Santé de l'Ontario; la présidente du Comité de l'Education de l'A.I.C.; la présidente de l'Association des Infirmières Enregistrées de la Nouvelle-Ecosse; le rédacteur du *Canadian Nurse;* les deux secrétaires et la statisticienne de l'A.I.C. Les séances furent présidées par Gertrude M. Hall et Agnes Macleod agit comme secrétaire.

Après un mot de bienvenue Mlle Hall rendit hommage à la mémoire de Mlle Upton, présente lors de la dernière assemblée des registraires.

Une revue des résolutions adoptées lors de la dernière assemblée des registraires en 1947 et des mesures prises depuis par chacune des provinces à cet égard fit l'objet de la première séance. Voici ces résolutions:

1. Changements survenus dans l'une ou l'autre des provinces concernant le degré d'instruction exigé pour l'admission à l'étude de la profession.

2. En quelle mesure les tests psychométriques sont employés.

3. Formation dans chaque association provinciale d'un comité chargé de donner des avis à une élève sortant d'une école d'infirmière et désirant entrer dans une autre.

4. Pour l'obtention de l'enregistrement par

reciprocité, tous changements des exigences en éducation dans les provinces.

5. Intérêt montré sur la proposition d'une formule d'enregistrement uniforme.

Muriel Archibald discuta des méthodes pour l'obtention de statistiques et Marion Nash expliqua la méthode employée pour la rédaction du livret sur les salaires.

Dans l'après-midi, l'assemblée eut le privilège d'entendre la Soeur Denise Lefebvre. Elle présenta un travail sur l'Evaluation des Ecoles d'Infirmières. Elle appuya sur la préparation et la marche à suivre lors de la visite d'une école et la préparation du rapport.

Margaret Street a assisté à une conférence d'étude sur l'Evaluation des Ecoles d'Infirmières, tenue à New-York en août dernier, à laquelle Soeur Lefebvre était également présenté et en fit rapport.

Une longue et très fructueuse discussion eut lieu sur les problèmes présentés par les infirmières des pays européens, particulièrement sur celles amenées au Canada des camps des personnes déplacées.

Mlle Nash discuta des méthodes de publicité afin de faire connaître les Conférences d'Etudes du prochain congrès biennal. Elle obtint la co-opération de toutes les secrétaires provinciales en expliquant aux membres la valeur de ces conférences.

Le dernier article au programme était un rapport de la réunion des secrétaires nationales tenue en Suède, lors du Congrès international des Infirmières. Le temps manquant, Mlle Hall n'a pu qu'effleurer le sujet.

Les registraires furent les invitées à un déjeuner de l'A.I.C. et de l'Association des Infirmières de la Province de Québec. Ces deux réceptions furent très agréables.

Les résolutions suivantes furent soumises:

1. *Etant donné* qu'il est très utile pour les registraires de connaître les difficultés que rencontrent les infirmières de leur province respective, lorsqu'un de leur membre demande son enregistrement dans une autre province, il est proposé que l'A.I.C. demande à chaque registraire provinciale d'aviser la registraire intéressée chaque fois qu'une infirmière ne peut obtenir son enregistrement par réciprocité.

2. *Etant donné* qu'en matière d'éducation il est d'usage de donner à chaque étudiante une attestation officielle du ou des cours suivis et le contenu de ces cours; et *étant donné* que fréquemment l'on demande aux infirmières de présenter pour fin d'enregistrement et pour connaître la valeur de leur formation le détail de leur cours, il est proposé que l'A.I.C. recommande aux associations provinciales que l'on presse les écoles d'infirmières de remettre à chacune de leurs élèves, lors de leur graduation, une attestation de leurs cours d'infirmière, comprenant le détail de la théorie et de la pratique.

3. *Etant donné* que l'A.I.C. appuie le principe d'évaluer et d'accréditer les écoles d'infirmières; et *étant donné* qu'il est nécessaire d'interpréter aux membres de la profession, comme aux gens de l'extérieur, le but et la valeur de l'évaluation et de l'accréditation, il est donc proposé d'aller de l'avant:

(a) En publiant une série d'articles sur le sujet dans le *Canadian Nurse*.

(b) Que dans les assemblées générales des associations provinciales, l'on mette au programme l'interprétation de l'évaluation et de l'accréditation des écoles.

(c) Que des conférences régionales sur ce sujet soient donnés aux administrateurs d'écoles d'infirmières.

4. *Etant donné* que, dès 1936, l'A.I.C. a demandé aux universités, ayant une école d'infirmières, d'uniformiser le degré d'instruction exigé à l'admission et que ce degré soit le même que celui exigé pour les élèves admis aux autres facultés; et *étant donné* que plusieurs infirmières, dont l'instruction n'atteint pas le niveau exigé, sont empêchées du fait de se qualifier comme administratrice, surveillante, etc., il est donc proposé que cette question soit étudiée avec les universités afin de trouver une solution à ce problème.

5. *Etant donné* que la politique adopté par les hôpitaux de déterminer les salaires des infirmières comme salaire net, plus le logement et la pension, a pour résultat de donner une idée fausse des salaires payés aux infirmières; et *étant donné* qu'une grande partie des infirmières, vivant en dehors de l'hôpital, ne bénéficient pas des avantages du logement offert par l'hôpital, il est donc proposé que l'A.I.C. demande la co-opération du Canadian Hospital Council afin que les salaires des infirmières soient déterminés comme salaire brut.

Une Nouvelle Sensationnelle

De Delhi, l'on nous rapporte que des représentantes de l'Afghanistan, de Burma, de Ceylan, de l'Inde, de Thailand, et des Indes françaises et portugaises se sont réunies dans

les bureaux de l'Organisation Mondiale de Santé pour discuter des problèmes de santé.

Durant trois jours l'on exposa les problèmes et l'on détermina les dispositions à prendre pour venir en aide aux quatre cents millions d'habitants de leur pays.

Le contrôle de la malaria et des maladies vénériennes aurait un bon effet à la fois sur la santé et sur l'économie du pays. Ces malades rendus à la santé seraient autant de travailleurs pouvant gagner la vie et assurer à chacun le pain quotidien, que dans nos pays nous prenons pour acquis, oubliant que dans les Indes tous les jours des gens meurent de faim.

Un autre grand problème est la formation du personnel pour des travaux de recherches. Les besoins sont si grands et les moyens si restreints que l'on décida de mettre en commun toutes les ressources dont l'on dispose pour l'entraînement du personnel.

Le manque d'approvisionnement médical constitue un autre grand problème. La dévaluation de la monnaie est aussi une entrave sérieuse, étant donné que presque tous les médicaments doivent être importés.

Malgré les ressources limitées l'on voit déjà des résultats satisfaisants. Il faut se souvenir que la santé, comme la paix, ne s'acquiert pas sans qu'il en coûte.—*Communiqué de O.M.S.*, Oct. 1949.

AVEZ-VOUS PRIS PART AU DÉBAT?

Combien de canadiens écoutent les programmes de radio—"Farm Forum" and "Citizens' Forum"— où un groupe de citoyens discute d'un sujet d'actualité? Non seulement les personnes prenant part au programme ont le droit de dire leur mot, mais les personnes à l'écoute peuvent faire de même. Souvent la solution du problème est trouvée, grâce à la contribution d'une personne à l'écoute.

Ces programmes sont au moyen bien démocratique d'étudier une question. A la page 128 du *Canadian Nurse* de février l'on vous montre la valeur de ces programmes.

Much has been written in the past three months on the work conferences to be held during the Biennial Convention of the C.N.A., June 26-30, 1950. You know when and where they are to be held and have a pretty good general idea of conference procedure but little has been said to date on the methods you may use to make known your needs.

The Program Committee has been busy planning for several months and can now outline for you the general offerings. To simplify registration because we expect upwards of one thousand nurses will journey to Vancouver, your committee has drafted a registration form which will be available through your provincial offices. On this form you will find the titles of the various work conferences. Preceding each title, a neat little box stands waiting to receive a number. Place numbers as indicated below in three boxes in the order of your preference, fill out the form in triplicate, retain one copy for your own information and return the other two, together with your registration fee, directly to *National Office, Suite 401, 1411 Crescent St., Montreal 25, Que.*

For example, if your first choice is Work Conference No. 1, indicate with the numeral one in the first box; if your second choice should be No. 3, place the numeral two in box three; and if No. 7 is your third choice indicate by placing the numeral three in box seven. Registration for each conference is limited to 50 and applicants will be registered in the order

in which the registration forms are received in National Office.

- [1] 1. Evaluation and Accreditation of Schools of Nursing.
- [ ] 2. Job Analysis of Nursing Services.
- [3] 3. Meeting the Total Needs of Long-Term Patients.
- [ ] 4. Methods of Evaluating Student Progress.
- [ ] 5. Counselling and Guidance.
- [ ] 6. Staff Education.
- [8] 7. The Nursing Team.
- [ ] 8. The Nurse in Industry.
- [ ] 9. L'Equipe en Nursing.
- [ ] 10. Student Work Conference.

In the February *Journal* you were given an opportunity to study the outline for the conference on Evaluation and Accreditation of Schools of Nursing. This month we present an overview of **The Nurse in Industry.** You have only to glance at the personnel of this consulting group to know that the conference will offer to *industrial nurses* such an opportunity as is seldom available for a study of problems faced every day by industrial nurses in their work with Canadian people.

Work Conference—The Nurse in Industry

Consultants: Dorothy Percy, chief supervisor of nurses, Civil Service Division, Department of National Health and Welfare; Sarah Wallace, consultant, Division of Industrial Hygiene, Ontario Department of Health; Mildred Walker, senior nursing consultant, Industrial Health Division, Department of National Health and Welfare; Lorraine Miller, student adviser, Victorian Order of Nurses, Vancouver; Grace Hyndman, supervisor of social welfare services, Civil Service Health Division, Department of National Health and Welfare.

General objective: To acquaint nursing generally with the special contribution which may be anticipated from industrial nurses and ways in which the profession can best contribute to the development of industrial nurses in their health program.

Work conference aim: A consideration of industrial nursing in relation to the total nursing picture, with special emphasis on ways in which industrial nurses and the profession as a whole can contribute to each other's effectiveness in the broad health program.

Overview: Effective adaptation of nursing skills to the industrial setting creates new problems, new emphases. These in turn equip the industrial nurse to make a unique contribution to nursing and, as well, point up her need for special assistance and understanding from the profession. Bearing in mind this "two-way flow"—the industrial nurse's opportunity to contribute *to* the profession and her special needs which must be met *by* the profession—the following topics are suggested:

1. *The industrial nurse as an integral part of the community health team.* The number of nurses supervising the health of gainfully-employed persons at their place of work has multiplied greatly as a result of increased industrialization and greater appreciation of the importance of good health as a contributing factor in production. The activities of these nurses can be most effective when synchronized with all other health and social forces in the community. How may this be accomplished?

2. *Employee health teaching and general counselling.* A discussion of scope, media, methods, and results. Industry affords the nurse a unique opportunity to work with the employed heads of families and, through them, to reach the homes.

3. *Techniques and procedures.* The industrial nurse adapts her nursing skills to meet new and special demands in industry in the fields of treatment, prevention, and environmental sanitation. How does she get assistance from her profession and elsewhere in the improved adaptation of these skills? What does industry contribute in this area? How does the nurse channel back those developments which might be of value in other nursing situations? Would professionally recognized standards for industrial nursing strengthen the industrial nurse in discussions with management regarding standing orders, medical direction, physical set-up, etc.?

4. *Employee and public relations.* Huge

sums are expended by industry to build effective employee and public relations. Industrial nurses have an important part in building friendly relationships within and without the plant. They are in an excellent position to observe the efficacy of various tested techniques. Might not some of these be used to advantage in nursing situations generally? What is the industrial nurse's responsibility for bringing these to the attention of the profession generally?

5. *The preparation of the industrial nurse.* A discussion of her academic, practical, and in-service training. What are the possibilities of a greater degree of exchange of field-work opportunities? What should be included in post-graduate courses for industrial nurses?

Transportation

They are going by plane, they are going by train, and even by cabin trailer! Are you to be one of them? If so, you will be interested in learning what arrangements have been made to get you there. Turn to your October and February *Journals* for information on convention rates via Trans-Canada Air Lines.

If time must be conserved then this is the way you will want to travel but if the convention is to be a part of your holiday, you may prefer the more leisurely train journey. The Canadian Passenger Association has issued the following information regarding conditions on which convention fares will be granted on "The Standard Certificate Plan":

1. Reduced fares for the biennial meeting to those in regular attendance, including dependent members of their families.

2. (a) Persons attending must purchase one-way regular First Class, Intermediate Class, or Coach Class tickets (fare for which must be not less than 75 cents) to place of meeting (or nearest junction point); (b) Secure a receipt to that effect on Standard Certificate Form; (c) Present this certificate form to the secretary at the place of meeting on arrival.

3. *Have certificate validated* by special agent of the transportation company who will attend the meeting for the purpose.

4. (a) Surrender Standard Certificate Form properly filled in and executed to Ticket Agent at place where meeting is held at least *thirty minutes* prior to time train is due to leave; (b) Ticket must be of the same class as used on the Going trip.

5. (a) If secretary certifies that 75 or more are in attendance holding properly receipted certificates, holders of validated certificates will be returned to their original starting points at *"one-half"* of the one-way regular First Class, Intermediate Class, or Coach Class fare; (b) If there are 74 or less in attendance with validated certificates, the holders of such certificates will be returned to their original starting point at "four-fifths" of the one-way fare.

6. Return journey tickets are limited to 30 days after the date on which the ticket for the Going journey was valid for travel, as shown on the validated certificate.

7. Certificates will not be honored unless all the above requirements are fulfilled. Special attention is drawn to instructions under numbers 3 and 4 above.

Accommodation

The University of British Columbia has informed the Arrangements Committee of the C.N.A. that accommodation in the university area is available for approximately 1,000 conference delegates in two camps — Acadia Camp and Youth Training Camp.

1. (a) *Rates:* Rooms—$1.50 per person per day. Meals served at camps at reasonable prices.
   (b) *Accounts:* Delegates must pay for their rooms in advance. Meal tickets must be obtained at registration desk or at one of the camp offices.
   (c) *Baggage:* See that baggage is plainly marked with name and address.

2. On arrival in Vancouver take a taxi to the camp to which you have been assigned—Acadia or Youth Training. Report to camp office where guides will be available to show you your room.

3. *Mail* to delegates should be addressed as follows: (a) Name; (b) Name of the conference being attended; (c)

University of British Columbia, Vancouver, B.C.; (d) Please include return address.

Hotel accommodation: Those wishing to stay downtown should make their own arrangements and should register early as hotel space is limited.

Nursing sisterhoods: Sisters desiring accommodation should indicate their wishes on the regular forms. Five convents have offered accommodation for approximately 132 sisters; this number will probably be augmented. The cost per day has not yet been determined but it should not be excessive. Arrangements will be made for buses to and from the University of British Columbia.

Annual Meeting in New Brunswick

For the first time the Edmundston Chapter of the New Brunswick Association of Registered Nurses entertained the members of the association at their 33rd annual meeting, September 28-29, 1949. As Edmundston is at the very north of the province, the members had a very enjoyable drive up the Saint John River Valley or across country from Campbellton, Newcastle, Moncton, etc.

The meeting came to order at 9:30 a.m. The president, Hilda Bartsch, presided at all sessions. Monsignor W. J. Conway, of the Immaculate Conception Cathedral, offered the invocation, after which Mayor H. E. Marmen extended a very hearty welcome to the town of Edmundston. Representatives from all schools of nursing, all chapters, nearly all hospitals without schools of nursing, and student nurses from several hospitals answered roll call. Following the appointment of the Resolutions Committee and scrutineers the report of the Arrangements Committee was presented by Grace Stevens.

In her presidential address, Miss Bartsch reviewed the work of the past year which included amendments to the Registered Nurses' Act, passed at the 1949 session of the New Brunswick Legislature to become effective in January, 1950. She explained that provision was made for a register of student nurses to be kept in the provincial office; that a certificate of approval is to be issued annually to all schools meeting the requirements of the Act; and that it would now be possible to introduce provincial examinations at the end of the first year of training.

Miss Bartsch said a New Brunswick minimum curriculum had been completed which it is hoped would lead to more uniformity of teaching in the schools and enable them to complete the first-year subjects in the required time. She said considerable effort had been spent on getting Government support for nursing education and that a committee had been formed on Educational Policy. Referring to the reopening of the School of Nursing at Dalhousie University, Miss Bartsch said this would be a possible source of qualified nurses for positions in the provincial hospitals.

Membership: The secretary reported a total membership for 1948 of 970 nurses on active duty; to August 31, 1949—1,006. Thirty applicants were awarded reciprocal registration.

The need for a full-time *school visitor* has been felt for some time. The N.B.A.R.N. has been considering ways and means of providing for such a person but, as provincial finances did not permit the venture, it was decided to request assistance from the Federal Grant. Our request was reported received but at the time of the annual meeting we were not sure of the outcome. (Since then we have been assured that assistance for this project is forthcoming.)

The *revised By-Laws* were presented by the convener of the committee, Miss I. Lane. Annual membership fees were raised from $5.00 to $10.00 which now includes affiliation fees of $2.00 to the Canadian Nurses' Association and the International Council of Nurses, and a subscription to *The Canadian Nurse.*

At the afternoon session Miss Bartsch introduced Dr. G. E. Madison, who gave a very interesting address entitled "The Challenge of Tuberculosis." Speaking of the challenge in New Brunswick, Dr. Madison emphasized that it is a major health problem.

While the number of deaths from this disease has decreased in the past few years, Dr. Madison said: "The rate of fall is still too slow in view of the fact that the cause and means of spread have been known for many years." Stressing the need for more treatment beds, Dr. Madison said that additional beds could not be provided without nurses to care for the patients. There is an urgent need for more nurses to work at the various phases of tuberculosis treatment and control.

"The New Brunswick Department of Health," Dr. Madison continued, "has by means of the Federal Health Grants provided three general hospitals of the province with admission chest x-ray units and will equip five more hospitals in the very near future. The purpose of these units is to detect tuberculosis among those going into hospital, who may have the disease unknown to them or in early form. Apart from detecting the disease, this service will protect the hospital patients and staff."

Muriel Hunter, of Fredericton, was chairman of a discussion on *personnel policies for student nurses*. Reports from the superintendents of hospitals showed a wide variation in sick leave allowed, hours of duty, health services, and amount of time off during night duty. Miss Hunter said the discussion showed "a need for uniformity in our training schools." The following motion was carried:

"That the *Nursing Education Committee* draw up personnel policies for student nurses, such policies to serve as suggested standards to those people concerned with nursing education."

The session adjourned at 4:45 p.m. to meet as guests of the alumnae of Hotel Dieu Hospital in the Assembly Hall of the hospital for afternoon tea.

At 8:00 p.m. the Edmundston Chapter entertained the members of the association at a dinner held in the New Royal Hotel. The speaker was the Hon. J. G. Boucher, provincial secretary-treasurer.

Auxiliary Nurse Committee: Miss Hunter, as convener, stated briefly that while this committee had not been active for the past year, it was felt that, following the survey of nursing, the matter might again be taken up and some kind of legislation be secured for these workers.

Miss Bartsch introduced the guest speaker, Gertrude Hall, general secretary, Canadian Nurses' Association, whose topic was "The International Council of Nurses' Congress." Miss Hall said there were 350,000 nurses in full membership and that nurses from Germany, Austria, and Japan had been reinstated and welcomed back after an absence of several years.

Meeting adjourned for luncheon at the Madawaska Inn, guests of the Edmundston Chapter.

Institutional Nursing Committee: The principal topic discussed was the Curriculum prepared for the schools of nursing by this committee and the following motion was passed:

"That the New Brunswick Association of Registered Nurses be approached to hold an institute for instructors some time this coming winter."

Annual meeting in 1950: An invitation to hold the next meeting there was extended by the Moncton Chapter. This invitation was accepted with thanks.

ALMA F. LAW
Executive Secretary

Increasing Vitamin C Content

Tomatoes and tomato products constitute one of the more important sources of vitamin C in Canadian diet, but canned tomatoes or canned tomato juice contain not over 50 per cent of the amount of vitamin C contained in equivalent amounts of citrus juices. According to Professor Truscott, of the Ontario Agricultural College, the objective of his department is "to breed a tomato which is otherwise suitable and at the same time contains approximately double the amount of vitamin C now obtainable, and thus equal the amounts obtained from citrus products."

"The work," stated Professor Truscott, "has proceeded far enough that it is now evident that vitamin C is inherited but its mechanism is not known. So far we have succeeded in raising the vitamin C content to the required amount, in tomato fruits which are about the size of a sweet cherry. The next job is to obtain size in the fruits without losing much of the vitamin C."

—Ontario Government Services Bulletin

Seconding motions is an easy way of feeling you are taking an important part in a meeting.

Student Nurses

What I Have Learned About Nursing

SHIRLEY SMITH

Average reading time — 5 min. 48 sec.

BEFORE STARTING my course in Queen's School of Nursing, I had some random ideas about nursing. Gradually this list has been altered. Some ideas have been removed, some modified, and many more added. Now the list is organized and could form the framework for a book. It is, however, a mere skeleton which can never come to life until flesh is provided through the ideas to be gained from my own practical experience in nursing.

One of the first things I learned about nursing was that the people connected with it were the kind of people I like. In the classroom I met first and final year students in the School; at our banquet I met the members of the School of Nursing Committee; on field trips I met many doctors and nurses; and when I had registered I met the director and lecturer in public health nursing of the School. I liked all these people so much that I feel my chances of being happy in the nursing profession are good.

I have become better acquainted with the wide choice of specialized work that a girl may follow with nursing as a background. Of these branches of nursing I learned most about public health. My first introduction to this type of work was in the field trips. These taught me that prevention is the essence of public health work. This was clearly illustrated in a trip through a modern dairy. Before I went there I recalled the cheese factories I had seen in the country where men talked, laughed, and coughed as they worked around the open vats of milk. I was very impressed by the contrast between these old cheese factories and this new dairy. Not once was the milk exposed to the air or touched by human hands. Neither were the bottles touched after sterilization—they were transferred by a conveyor belt to the place where they were filled and capped without human assistance. Besides protecting the public, the sanitary working conditions protected the worker. This seemed a fine example of the work being done towards prevention of disease today.

In contrast to this was a tour through another establishment which, though promoting community health, was itself an example of very poor working conditions. The building was old and dirty. The atmosphere was hot and humid—a few fans circulated the air. There was no comfortable rest room or cafeteria for the workers to relax or refresh themselves when they did have a rest period—they sat on the window sills. This tour illustrated the need for more public health work.

I saw preventive medicine in action again when I visited one of the public health clinics. Here, children were being given, without charge, injections for protection against communicable diseases. The preventive work did not stop with the injection. There were booklets and pamphlets available to help the mother guide the physical and mental health of her family and herself. The work of the public health nurse was outlined to us and illustrated with a very interesting film

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Miss Smith was enrolled in her preclinical year in the School of Nursing at Queen's University when this material was written.

and we learned, too, about the Victorian Order of Nurses. These two groups of nurses working in the community cover the schools, pre- and post-natal teaching, home care, and are constantly on the alert for any sign of illness.

In lectures I learned that all the preventive work should not be left to the public health nurses. The student nurse should do her share, not only by teaching good health habits to the patient but by being on the look-out for unusual signs and symptoms. Therefore any girl who intends to become a nurse should learn to be observant.

We were also shown how to choose a school of nursing. Before deciding on one hospital there are many questions to be asked. So many seemingly similar hospitals vary in administration and teaching methods and these should be considered carefully before making application. I had a chance to see for myself how three hospitals vary when I toured two general hospitals and one mental hospital. Naturally, the latter differed most markedly but it showed me why we were advised to choose a school of nursing which arranged an affiliation in psychiatry.

Perhaps the most valuable thing that I learned about making the choice was the importance of choosing a school away from home. At first I thought that this did not apply to me since my mother would be alone if I left her. Nevertheless I considered carefully and realized that I depended on my mother too much. I knew that I would do this until I learned to be independent by living away from home. I also realized that if my mother's sympathy was lavished on me every time I was confronted with a problem, I should feel very sorry for myself and I might never complete my training. It was pointed out to us that it is often difficult not to have favorite patients. If they were frequently my home friends and relatives it would be doubly difficult for me.

I was also taught the importance of treating each patient as a person. Serious consequences may result if a nurse is so lazy as to refer to a patient as "bed 14" or "room 212" or "the fusion." A good nurse cultivates the habit of connecting the name with the face. A nurse should always consider the patient first. If a visitor pleads to see the patient who is too ill to be visited the nurse should not worry what the visitor will think of her when she says "No."

The final year students in teaching and supervision gave us lectures on the history of nursing from its beginning to the present day. I was impressed by the change in the social status of the nurse. In the beginning the only required quality for a nurse was strength and she was regarded as the lowest of domestic workers. At the present time the nurse must have good health, education, and character, and may, if diligent, occupy some of the best positions open to women.

In this series we heard about the Red Cross Society and Outpost Hospitals and the improvement in nursing the mentally ill. I was amazed to hear of the large number of patients who are in the latter category and glad that there was no longer the unhappy practice of chaining these unfortunate people in windowless cells. I thought of the mental hospital the class had visited with its occupational therapy department and beauty parlor.

The Canadian Nurse magazine acquainted me with some of the new techniques in nursing and revealed a portion of the lives of both the student and the graduate in various hospitals.

Everything I have learned about nursing this year can be divided into two categories—first, those things which convinced me that I would like to take nursing and, second, those things which will help me to adjust myself more readily to nursing life. When I started this year many people said to me, "Why don't you just go in training like anyone else?" I wish they would come to me now and I would tell them that this year has been more valuable to me than I ever dreamed it could be. What have

I learned about nursing this year? I have had a glimpse of hard but gratifying work, the opportunities which lie ahead of me, and the wealth of skill and understanding which I must develop. Because of this preface I feel well prepared to open the first chapter of my nursing career, and may God write the finis—"Well done."

What I Think About Nursing

JUNE HARRINGTON

Average reading time — 2 min. 6 sec.

NURSING! One of the oldest of arts and yet one of the youngest and proudest of professions. To be accepted into this profession is a great honor to any girl.

If I were asked to explain why I came to the training school, I would not know exactly how to put it. Probably, it was the idea of service to others that appealed to me because a nurse's life consists almost entirely of helping those who cannot help themselves—the sick. Great satisfaction is experienced by a faithful nurse when she sees a faint smile or hears a word of thanks from the lips of a patient to whom she has given a little comfort.

Often, we nurses in training are required to do things which provide problems. To more senior persons such things seem small and insignificant but to us they appear as mountains and the task to overcoming them is great. Much initiative and self-confidence is required. There is always the fear—"What if I do this wrong; what might the result be?" This feeling is generally followed by one of joy in the accomplishment of a task well done.

To start work on the wards is a realization of the dream of the preliminary student. However, when the eventful day arrives, the dream may be shattered as the probationer realizes her clumsiness and her ignorance. The next few times make it appear even worse and more fearful; however, after two or three weeks of practice the feeling of awkwardness gradually disappears and it is replaced by a joy that arises from being able to do things, whether great or small, for the comfort of the sick. This creates an appreciation of the knowledge that has been acquired during the long hours spent in the classroom and the desire to study more becomes evident.

The knowledge and skills acquired through the three years equips a nurse for life regardless of what she does after graduation. If she remains single she will never have to fear being out of a job, as the demand for nurses is never fully met. There are many branches of nursing from which to choose the one she is most interested in—general duty, private duty, public health, industrial, and so on. Many chances of advancement are open to the nurse with intelligence, initiative, and sincerity.

If a nurse marries she has knowledge that will be most useful and helpful. She will never regret the days spent in the training school and on the hospital wards.

I think nursing is a wonderful profession and my greatest desire is to complete my three years of training and to accomplish what now appears to be only a distant dream.

Miss Harrington is a student at St. Mary's Hospital, Kitchener, Ont.

The Peruvian Government's ratification of the World Health Organization Constitution was deposited with the Secretary General of the United Nations on November 15, 1949. Peru thus became the 67th country to join the WHO.

Mrs. Jones had Enough

DORA DEANE

Average reading time — 6 min. 48 sec.

THERE ARE MANY KINDS of auxiliary nursing workers caring for the sick in their homes today. Some of them are well qualified for their duties. Others are as ill-equipped as the "heroine" of this true story of the nineties.

Nearly sixty years ago, a young doctor graduated from McGill and, after serving in a Chicago hospital for some time, decided to go west and set up practice. He chose as his future home a district in the foothills of the Rockies. It was ranching country surrounded by hills and deep ravines, with turbulent rivers cutting their way through. He settled in a little one-street town with its brick hotel, post office, saloon, and churches. A picturesque spot and a busy little community of ranchers and cow-boys. The doctor's office was on the top floor of a frame building. Here, for a time, he lived and worked. On cold winter evenings cow-boys would often call in for a chat and, on their way upstairs, would stumble over the cattle which had wandered in from the range seeking shelter and had "parked" themselves at the foot of the stairway for the night.

Nurses in that part of the country were few and far between. The nearest hospital, a small one at that, was 35 miles away. So it was not unusual for the "Doc," as he was called, to ride 100 miles in a day over rough roads and trails, sometimes fording a stream, to reach his patients.

Sitting in his office one afternoon, he heard footsteps approaching. He looked up to see who might be his caller. There was a tap at the door. "Come in," called the doctor, and in walked a stout middle-aged woman—a motherly-looking person with a rather florid complexion and quantities of copper-colored hair that she wore piled on top of her head. She was dressed in the style of the day—a flowing skirt, blouse with "leg of mutton" sleeves, and a sailor hat perched on top of her copper tresses. She was carrying a parasol and reticule. The doctor recognized her as a widow who lived alone on the outskirts of the town. Her husband having died and her family being grown up, she was now left alone.

"Why, good afternoon!" said the doctor. "This is a surprise, Mrs. Jones. Don't tell me you are needing any of my pills or potions, for you always look the picture of health."

"No, indeed and I do not, doctor," replied Mrs. Jones, "but I've come for advice just the same."

"Sit down and tell me how I can help you," answered the doctor, wondering what the purpose of her visit could be.

"Well you see, Doc, its this way," his caller went on. "Here am I with loads of time on me 'ands; strong and healthy to beat the band and lonely as they make 'em. Now says I to meself, 'Emily you've raised a family and they've left the nest, and I'm that lonely with nothin' ter do. Why shouldn't I do a bit of nursin' and help out the Doc?' "

"Why, Mrs. Jones, I had no idea you were a nurse. Where did you train?"

"If you mean did I work in one of them there hospitals, then no indeed I didn't, Doc; but I raised a family, as I said before, and I guess I can do as well as another when it comes to a bit of nursin'. I thought I'd like to try me 'and with babies, helpin' them to come into the world like."

"Oh!" murmured the doctor. "You mean as a midwife, Mrs. Jones?"

His caller eased herself into a more comfortable position in the chair and mopped her face with a large handkerchief which she produced from her bag. It was a hot day, and the exertion of walking upstairs, plus talking so fast, was beginning to tell on her.

"Yes, Doc, that's it, and I thought

as how you could recommend me to some of the ladies when their time is come."

The doctor looked nonplussed and slightly embarrassed. Obviously Mrs. Jones had no idea of the qualifications necessary in a midwife. He could see that not only would he have to attend the expectant mother, but also probably Mrs. Jones, should he be rash enough to accept her offer.

"Well, my dear lady," he tactfully remarked, "much as I would like your assistance I think I should warn you that bringing a baby into the world—especially in a district such as this, with no hospital and none of the conveniences usually looked upon as necessary—is no easy matter. You would probably be called upon in the dead of night in midwinter and have to ride with me in sub-zero weather for several hours to reach your patient, who would probably be on one of the outlying ranches." And he went on to explain the various difficulties, painting as graphic a picture as he could in the hope of dampening her ardor. But not Mrs. Jones! She was as eager and persistent as ever and insisted that she could undertake the duties of midwife in a confinement "as well as another."

Without saying "aye" or "nay" the doctor finally eased her out of the office, promising to call in and talk the matter over again with her when next he passed her door. Somehow or other he never happened to be up that way, or if he were forced to pass her cottage he drove by as swiftly as possible, feeling that discretion was the better part of valor.

One bitter winter night, just as he had settled down under the blankets, there was a thunderous knock on the door. Grabbing his bathrobe he ran downstairs and, on opening the door, found one of the neighboring ranchers who had ridden in on his horse.

"Oh, Doc," the man panted, "get your things and come." "Good gracious, man! What on earth is the matter?" asked the doctor.

"It's my wife, Doc. Her time has come and things are all wrong. We thought this time we'd manage with the nurse and not bother you, seeing you have so much on your hands. But somehow she doesn't seem to know what to do and I'm afraid unless you can help my wife she will pass out."

"*What* nurse?" barked the doctor.

"It's Mrs. Jones," the rancher replied. "She told us she was a midwife, but midwife my eye! She doesn't know any more about it than the newborn babe itself. Come quick, Doc, come quick."

"Now I *am* in for it," thought the doctor. Dashing upstairs he threw on his clothes, grabbed his bag and was down again in a jiffy. In two shakes he had his horses harnessed and they were off. Eighteen miles to go in zero weather! As he raced madly along over the rough road, swaying from side to side, the rancher followed on his horse. The doctor sent up a prayer that he would not be too late and wondered what problems would confront him at the end of the trail. He mentally consigned Mrs. Jones to . . . !

Presently, they reached the brow of a hill where they could see the ranch house in the distance. There was bright moonlight and the house, with its brightly lit windows, could be seen clearly. Just at that moment the door opened and a figure appeared, waving a white sheet in the air. Evidently a signal of distress! Giving the horses a touch of the whip the doctor finished the mad dash in a few minutes. Throwing the reins to the rancher, he grabbed his bag and raced into the house.

Yes, it was Mrs. Jones all right, but what a different spectacle she presented. Her copper hair was hanging in wisps around her shoulders. Perspiration was running down her face, which had lost its florid look. Her apron was crumpled and spattered with blood. In fact, she was a sorry sight. She preceded him up the stairs, gasping and panting as she went.

As they reached the landing the doctor heard the familiar wail of a newborn child. Opening the door of a room at the head of the stairs the

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"midwife" showed him in. The doctor's first thought was for the baby and there on a table it lay, alive and kicking. Upon examination he was amazed to find the cord ties in several places. Mrs. Jones was taking no chances! Having removed the unnecessary length with its many knots, he then turned to the mother on the bed. Although distressed and scared, he found nothing wrong that could not be put right. He sighed with relief as he gently massaged her abdomen to deliver the after-birth. It had never occurred to Mrs. Jones—even though she had born her own children as she said—that this was necessary!

"The operation was successful and the patient recovered." But Mrs. Jones! When *she* recovered sufficiently to speak again she declared that midwifery was not for her. From then on she would be content as a *housewife*. She had had enough!

Nursing in Osler's Student Days

H. E. MacDermot, M.D., F.R.C.P. (C.)

Average reading time — 5 min. 12 sec.

Sir William Osler has left us a striking picture of the nursing conditions he found in his early Montreal days. In an address to graduating nurses in 1913 at Johns Hopkins Hospital he said:

> When I entered the Montreal General Hospital, where I began the study of medicine in 1868* we had the old-time nurses. They were generally ward servants who had evolved from the kitchen or from the backstairs into the wards. Many of them were devoted women; many of them became very well-trained nurses but not all of them. Many of them were of the old type so well described by Dickens, and there are some of the senior medical men present who remember the misery that was necessary in connection with that old-fashioned type of nurse. . . .
>
> However, there were among those women very remarkable instances of intelligence and devotion. I passed through two or three of the severe epidemics of smallpox in Montreal, and the memory of two of those nurses stands out with great clearness. . . . One, a Miss Lancashire, was in looks the old-fashioned, Dickensian nurse, but in behavior, in devotion, and in capability equal to the best that I have ever met. She nursed smallpox with a rare combination of devotion and skill and it is always a pleasure to me to look back on those days in which I was associated with her. The other was a very different type of woman: one of the sisters of a French order of nursing. She was a highly bred woman, who had left her own country and had devoted her life to the work of charity. She had a remarkable career in Montreal, as she had charge of the large civic smallpox hospital. Though I was not formally associated with her, yet she, knowing that I was interested in special aspects of the disease, invariably sent a carriage for me when certain cases came in. Interested as I was in the study of the morbid activity of the more malignant types—the terrible black smallpox—I have seen an extraordinary number of the more virulent forms of the disease with her. She herself was often the only person I could get to assist me in the work.
>
> Then again I saw in Montreal the beginning of the first training school. Just before I left, one of Miss Nightingale's nurses came out to take charge of the Montreal General Hospital, and it was then I saw for the first time the possibilities of a training school for nurses in a hospital.[2]

However, in appreciating the value of nursing training, Osler had really been long anticipated by his famous teacher, Dr. R. P. Howard. It was not for nothing that Howard had been one of those to whom Osler dedicated his Textbook. No one in Canadian medicine of the day exhibited a more penetrating mind or a deeper solicitude for professional standards.

The following extract from an introductory lecture by Dr. Howard at the opening of the 41st session of the Medical Faculty of McGill Uni-

*He really began his training in Toronto. It was in 1870 that he came to Montreal.

BURSARIES FOR STUDY IN THE FIELD OF MENTAL HEALTH

UNIVERSITY OF TORONTO SCHOOL OF NURSING

Substantial bursaries are available for registered nurses for the Session, 1950-51.

Purpose of the bursaries:

(a) To prepare instructors and supervisors for psychiatric wards *in order to improve the teaching of nurses* in their clinical study of mental health.

(b) To prepare nurses for other work in the field of mental health.

Note: The adequately prepared nurse has one unique qualification for service in the field of mental health, namely, prolonged *clinical experience* resulting in certain knowledge and understanding that can be gained in no other way. Hence, a first step in preparing nurses for future work in this whole field must include clinical experience in the psychiatric hospital.

The course includes:

(a) Clinical and classroom study of mental illness and mental health, ward administration, and principles of supervision.

(b) Principles and methods in classroom and clinical teaching.

(c) Developments in nursing education.

As the bursary covers a period of twelve months, there is opportunity for selected field experience (practice and observation visits) in Toronto and elsewhere.

For further information apply to:

The Secretary,
University of Toronto,
School of Nursing.

versity is an instance of his advanced views.[1] He was speaking at a time (1873) when trained nurses were unknown in Canada and training schools had only just been started in the States. Florence Nightingale's School at St. Thomas's had been begun in 1860. It was not until 1875 that Dr. Howard had the satisfaction of helping to persuade the Montreal General Hospital to bring over the nurses mentioned by Osler, under Maria Machin, to open a training school. Unfortunately, conditions were not favorable and the plan failed. Dr. Howard died in 1889, one year before his hospital at last established its famous training school under Miss Livingston.

> Looming up in the future appear to me to be two things that will render the practice of medicine more successful and, therefore, more agreeable. I refer to the special education of women as nurses, and to the establishment of the department of state medicine with its special qualifications. My time will only permit of a few observations upon the former subject.
>
> You are aware that for some time past the question of the education of women for the profession of medicine has been much discussed. Holding that the practice of medicine is not the appropriate sphere of women, I yet believe there is a very closely allied department of honorable, useful, and scientific labor, in connection with the management of the sick and the prevention of disease, for which women, not men, are especially suited by natural endowment, viz., as educated and trained nurses. The improved training now given nurses at the useful establishments lately instituted in Germany and England does not supply the qualifications that appear to be necessary, but a more comprehensive education and training would elevate nursing to the rank of a scientific art like our own, and would secure to its members the social position and material rewards that belong and are generally given to those who combine a scientific education with a useful calling.
>
> Such an art would, in my view, imply a liberal preliminary education at least equal to that now required of the medical student, assigning, however, a first place to natural science and a lower one to the classics. And, second, a professional education extending over three full years and embracing the following scheme of subjects: anatomy, physiology, chemistry, materia medica, pharmacy, dietetics, hygiene, and clinical instruction in nursing the sick and wounded, in dressing wounds and applying splints, etc.; such nurses to receive a nursing diploma upon examination, entitling them to practise the art of nursing and to charge fees in rates proportionate to our own.
>
> Such a body of trained nurses would supply the greatest want we have as physicians, and would open up a career of usefulness and honorable employment to our sisters, who would then be not alone the helpmates but the "complementa" of the medical profession.

Dr. MacDermot, a Montreal physician, is a renowned student of medical and nursing history. He is also editor of *The Canadian Medical Association Journal.*

REFERENCES

1. *Canada Medical & Surgical Journal, 2:* 193: 1874.

2. *Johns Hopkins Nurses Alumnae Magazine, 12:* 73: 1913.

Book Reviews

Clinical Instruction, by Amy Frances Brown, R.N., B.Ed., M.S. in N. 571 pages. Published by W. B. Saunders Co., Philadelphia. Canadian agents: McAinsh & Co. Ltd., 388 Yonge St., Toronto 1. 1949. Illustrated. Price $6.00.

Reviewed by Sister Maureen, St. Mary's Hospital, Montreal.

This book goes more deeply and more thoroughly into the methods of clinical instruction than any other work known to the reviewer. From the preparatory work necessary before a program of clinical instruction can be instituted, through to the very important step of evaluating the effectiveness of the program, the problems

of clinical instruction are covered extensively and presented forcefully.

As Miss Brown states in her preface: "It assumes that instructors in clinical nursing will occupy major positions on the faculty of schools of nursing; that they will not only plan the theoretical instruction and clinical experience for the students in their respective departments, but will participate in curricular planning." Thus, included in the contents which are organized in seven units, are chapters devoted to the basic theory underlying the planning of a course, aids to learning, including audio-visual materials and techniques. There are also chapters on the selection of learning experiences, planning class schedules and clinical rotations, and methods of evaluation.

This latter topic, to which are devoted five of the 25 chapters of the book, is presented in such a non-technical manner as to be helpful even to those instructors who have had little or no introduction to the study of evaluation.

Seven chapters are concerned with some of the problems of planning learning experiences which occur particularly in each of the clinical areas of the hospital.

Probably the most valuable feature of the work is that it presents not only methods of teaching clinical nursing, but the underlying principles based on psychological studies of learning and a well-defined conception of the purposes of education.

The book, though detailed, is easily read and has a wealth of illustrative material which greatly enhances its usefulness. Besides extensive suggestions for further reading after each chapter, an appendix lists sources of information concerning films and slides as well as sources of available printed material.

Although written especially to assist those preparing for or engaged in clinical instruction, the book would be valuable to persons who are in any way connected with the clinical experience of students. Nurses who must engage in a clinical instruction program, without the advantage of specific preparation, will find in this book a guide of inestimable value.

Eye, Ear, Nose and Throat Manual for Nurses, by Roy H. Parkinson, M.D., F.A.C.S. 259 pages. Published by The C. V. Mosby Co., St. Louis. Canadian agents: McAinsh & Co. Ltd., 388 Yonge St., Toronto 1. 6th Ed. 1949. Illustrated. Price $3.30.

Reviewed by Sister Mary Bernadette, Supervisor, Surgical Department, St. Joseph's Hospital, Victoria, B.C.

Parkinson's Manual for Nurses is divided into three distinct parts, each dealing with conditions of the eye, ear, nose and throat, as related to the group for which it is written. The first, a treatise for the undergraduate, would, indeed, prove an asset in any classroom. Statements are brief, anatomical words used are fully explained. Throughout, there is a direct correlation of thought, involving anatomy, physiology, and pathology of the specific part and, what is still more important in the student's life, a summary of the highlights of treatment and nursing care.

Illustrations which create a lasting impression on the student's mind are freely used, making the objective explanations clearer and more helpful to the reader. Especially is this apparent in the discussion of that complex organ—the human eye; perhaps even more illustrations could be utilized and appreciated in connection with this delicate organ.

The second part, while generally useful and practical, is not particularly so as it has been emphasized throughout the book that the work of E.E.N.T. is specifically a specialty. Specialists differ in their approach, ideas, methods, and use of instruments, which limit the application of the methods used in this manual. To the nurse in the small hospital, this part would prove of inestimable value, regarding set-up of trays, methods of draping, etc. While to the student in the school of nursing, it gives a thorough general idea of procedure, it does not constitute a definite treatise for the operating-room nurse, who must cater to the variety of specialists. However, the ideas expressed herein are exceptionally good and worthy of adoption.

The third part is addressed to the public health nurse. Introduction to the final chapter will prove for her a summary of knowledge, covering a field both interesting and useful. Children and their well-being, an important part of her responsibility, are discussed with reference to their common diseases, which always involve upper respiratory tract and, hence, ear, nose and throat complications. Timely suggestions and appropriate answers are given, which will aid in the prevention of later complications and tragedies.

This manual is of real value, not only to the student in the training school, but to the graduate in the small hospital, the public health nurse, and the supervisor on the ward. It is concise, yet detailed in important points, and full of theoretical and practical knowledge.

Fractures & Orthopedic Surgery for Nurses and Masseuses, by Arthur Naylor, Ch.M., M.B. 296 pages. Published by E. & S. Livingstone Ltd., Edinburgh. Canadian agents: The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 2nd Ed. 1948. Illustrated. Price $4.40.

Reviewed by Kathryn McLearn, Director, Shriners' Hospital for Crippled Children, Winnipeg.

This is a concise and eminently readable volume on principles and treatment of orthopedic diseases and conditions. It is marked throughout by a wealth of detail and excellent illustrations, and should enable the student nurse to grasp the subject with ease and provide her with a more intelligent understanding and appreciation of orthopedic nursing; for the graduate, a valuable reference book.

In the introduction, the importance of nursing the patient as a whole, understanding his emotional reaction to his handicap, especially children, is stressed. The dependence of co-operation, on the part of the patient, for successful results is emphasized.

The chapter on orthopedic apparatus discusses the mechanism and usage of plaster of paris, splints, braces, and frames.

Eighty-seven pages are devoted to fractures and dislocations and present a clearly detailed and illustrated picture of classification, symptoms, complications, repair, and nursing care of these conditions. Physiotherapy treatment is dealt with in this chapter and one on paralysis. All other orthopedic conditions —diseases of bone, joints, congenital deformities, paralysis, etc.—are thoroughly interpreted.

Considering the importance of nursing care and physiotherapy in the treatment of spastic paralysis, very little space is devoted to this, unfortunately.

News Notes

ALBERTA

EDMONTON

Mrs. R. D. Ferrier presided at the annual meeting of the Royal Alexandra Hospital School of Nursing Alumnae Association when the election of officers took place. Mrs. J. Oliver was elected president and D. Watt and Mrs. S. McLeary will serve as vice-presidents. The recording and corresponding secretaries are Mmes A. McDonald and C. Dick while the treasurer is Mrs. G. Dunaway. Other members of the executive include: I. Johnson, M. Edgar, J. Stuart, M. Griffith, J. Mackie, V. Chapman, A. Anderson, Mmes J. Boutillier, D. M. McCallum, R. D. Ferrier, S. Boucher, and E. Mills.

LETHBRIDGE

At a recent meeting of District 8, held at St. Michael's Hospital, a Nominating Committee was appointed. Considerable discussion took place regarding the responsibility of the nurses' registry with respect to the duties of certified aides, practical nurses, and nursing housekeepers. A talk by Dr. E. Cairns on "The Latest Advances in Pediatrics" was enjoyed at the close of the business session.

BRITISH COLUMBIA

ABBOTSFORD

At a recent meeting of Matsqui-Sumas-Abbotsford Chapter, held at the home of M. Stenerson, the following officers were elected for the coming year: President, P. Harwood; vice-president, K. Nikon; secretary, Mrs. M. Tucker; acting treasurer, Mrs. F. Lillies.

ALBERNI

The annual meeting of the Alberni District Graduate Nurses Association was held in January following a very active year. Monthly meetings have been held when the subjects of the guest speakers were both interesting and timely. Clothing and uniforms were forwarded to nurses in Germany. The Christmas party took the form of a shower for the new nurses' home when 56 attended. The members were hostesses to a well-attended Vancouver Island District meeting. Alice Wright, executive secretary, R.N.A.B.C., was guest speaker at the annual dinner.

Officers for 1950 include: President (re-elected), Mrs. L. Caldwell; vice-president, Mrs. L. Rowan; secretary, D. Frenette; treasurer, Mrs. D. McGregor; committee conveners: entertainment, Mrs. M. Saunders; refreshment, Mrs B. McLean; sunshine, Miss Longbridge; publicity, Mrs. M. Whittaker; representative to *The Canadian Nurse*, Mrs. E. Miller.

CHEMAINUS

Elizabeth Clement, matron of the hospital here for the past two and a half years, has resigned to become superintendent of nurses at Prince Rupert General Hospital. Miss

Clement was on the nursing staff for some time before the war but left to go overseas. On her return she once again took up her duties, succeeding Marjorie Fletcher as matron.

CHILLIWACK

Mrs. G. Roberts presided at the January meeting of Chilliwack Chapter when 24 members braved the storm. Margaret Cahoon, of the R.N.A.B.C. provincial office, discussed the personnel and placement service and the labor relations program of the association. A graduate of Women's College Hospital, Toronto, she has been on the R.N.A.B.C. staff since last spring.

Mrs. F. Barwell asked for volunteers to fill a request by the Red Cross for members to give a home nursing course to native women on the Chilliwack Reserve. N. Kennedy, Mmes J. Chabot and R. Watson, appointed to the Nominating Committee, gave their report. Mrs. D. Hayens reported that the chapter's "adoptee" in England had taken a job and was no longer eligible for assistance under the Save the Children Fund, so another child will be helped.

Chilliwack will be the scene of the next district meeting. Mmes Roberts and Barwell were appointed to the Entertainment Committee.

KAMLOOPS-TRANQUILLE

At the annual meeting of Kamloops-Tranquille Chapter the following officers were elected: President, Mrs. H. Hopgood; vice-presidents, Faith Hodgson, Jean Phillips; recording and corresponding secretaries, M. D'Alleva and Mrs. Roy Bell; treasurer, Mrs. E. Nicholson; press correspondent, Helen Service

NANAIMO

Despite Arctic weather, a meeting of Vancouver Island District was held here in January, with Sr. M. Claire, of Victoria, presiding. Three chapters out of five were represented. Grace Fairley, of Vancouver, was the guest speaker. Following her recent trip and attendance at the I.C.N. meetings, Miss Fairley presented a first-hand picture of "Our Relationship with the I.C.N."

The annual meeting is postponed until May.

PENTICTON

M. E. Walker was re-elected president of Penticton Chapter at a recent meeting. The vice-president is E. Hawkes with the recording and corresponding secretaries, S. Johnson and H. McTavish. The treasurer is Mrs. Morris. Additional executive members include: C. Dorrett, Mmes Pigeau, Melville, Webber, Gordon, Traviss, Deacon, Day, Thompson, Mason, Watts.

Two recent events were the annual Valentine Dance and a Robert Burns Tea, when a draw for an electric floor polisher was made.

Mrs. E. McKenna was delegate to the Kamloops-Okanagan District meeting held last October in Kelowna.

VANCOUVER

St. Paul's Hospital

The alumnae buffet supper, held in the nurses' home on December 10 to honor the graduating class of 1950, was a wonderful success. The honored guests drifted around with shining eyes and mounded plates, burping ecstatically. Joan Lieman, of the January group, and Lois Kirkland, of the September section, were voted by their classmates as the Best All-Round Students of the Year, and were presented the Alumnae Award Trophy by Mrs. Murray. Miss Kronkite's decorations added much to the occasion and brought many exclamations of admiration.

Alumnae members who are ill will receive a year's subscription to *The Canadian Nurse* as a gift from the association. Keep their finger in the pie!

MANITOBA

BRANDON

Mrs. E. Griffin presided at a recent meeting of the Association of Graduate Nurses when reports from the various committees were read. A donation of $50 was voted as a start towards obtaining a new projector for the aid of instructors and student nurses in the lecture room at the hospital. Mrs. A. Lewis will convene a committee to make plans for a tea, the proceeds to go towards the purchase of a projector and for the next Scholarship Fund. Mrs. D. Johnston's group was in charge at the close of the business session, when the guest speaker was E. J. Tyler. His address on "Psychology" proved very interesting. M. Gemmill expressed the thanks of the members to Mr. Tyler.

Winnipeg General Hospital

Alumnae association activities have been many and varied up to the present time. An excellent movie, made in the operating-room, was shown by Miss Adams, O.R. supervisor. Isabel McDiarmid gave a fascinating talk on her experiences abroad while attending the I.C.N. Conference in Sweden. A Christmas feature was the candelight service of carols, led by the Nurses' Glee Club, under the direction of Mr. S. Osborne, with the 1950 graduation class as guests. An enjoyable social evening of court whist was also spent. The only fund-raising project for this year was the Silver Tea held in February.

An excellent membership drive has resulted in 650 active members. Sixty dollars is to be donated towards educational films for the school of nursing, while the annual award will be made to a member of the graduation class. The Zenana Mission, which assists in the training of a native nurse in India, will receive $75, as has been the custom of the alumnae for the past 20 years. A campaign is at present on to aid in equipping the new maternity pavilion, opened in March.

NEW BRUNSWICK

SAINT JOHN

General Hospital

Twenty-six students recently received their caps in a candlelighting service held in the nurses' home. The caps were presented at the conclusion of a four-month preliminary period. Orma Smith, director of nursing, addressed the students and a message of welcome was given by Marie Todd, president of the Student Nurses' Association. The dedicatory prayer was given by Jean McLeese. Alberta Hanscome presented the students to Miss Smith, who in turn "capped" those who had qualified. H. J. Delaney, assistant superintendent, also addressed the student body while Nancy Allwood contributed two vocal numbers.

St. Joseph's Hospital

Marie Wallace presided at the annual meeting of the alumnae association when the various reports revealed an active year. Food parcels have been sent to an "adopted" English family and magazines to the Seamen's Club in West Saint John. Gifts were provided for the comfort of the student nurses and members of the alumnae assisted with the entertainment of the students during the Christmas season.

Miss Wallace was re-elected president for another year while M. McDermott will be vice-president, with M. McNeil as secretary and A. Peterson as treasurer. Additional executive members include: M. Carey, A. Ruland, W. Ruland, M. Parsons, V. McAloon, K. McGillivray, Misses Cogger, McDonald, Mmes J. Mullaby, J. McLaughlin.

A social hour was enjoyed under the convenership of Misses Parsons and W. Ruland.

NOVA SCOTIA

SPRINGHILL

Cora Sillars, superintendent of All Saints' Hospital, has recently resigned her position. She was the guest of honor at a party at the home of Mr. and Mrs. Glen Jones, under the auspices of the Hospital Auxiliary. An address was read by the president, Mrs. E. B. Paul, in which Miss Sillars was highly praised for the work she had done during her stay. A beautiful travelling case was presented to her on behalf of the auxiliary.

Miss Sillars was also entertained by the nursing staff at the home of Mr. and Mrs. T. Barrow prior to her departure.

ONTARIO

DISTRICTS 2 AND 3

BRANTFORD

Marion Patterson will continue to serve as president of the General Hospital Alumnae Association during the coming months. The vice-presidents are M. Terryberry and Mrs. G. Brittain. The secretary is Mrs. V. Cheyne and Alice Riddle is treasurer. Additional members on the executive include: M. Southward, J. Weir, T. Kett, I. Marshall, G. Clayton, D. Allen, N. Lockman, G. Westbrook, and D. Armstrong.

An interesting letter was recently received from Gladys Hamilton, a member of the class of 1938 who is now an instructor at the training school in Vellore, South India. This is one of the two schools in India offering a degree course for nurses, the other being in Delhi. Florence Taylor, of Brantford, is dean of the school in Vellore. All classes are conducted in English.

Miss Hamilton wrote of her experiences of going to the roadside with the ambulance clinic. The ambulance goes out three times a week to three different roadsides. There are definite stopping places and the people gather under the trees to await the arrival of the ambulance. At the end of the day the clinic had taken three patients back to their homes, given 167 injections for leprosy, treated 127 other diseases, and had brought two new patients back to hospital. This was a day a little below average. Nearly 1,000 people are treated every week.

OWEN SOUND

At the annual meeting of the General and Marine Hospital Alumnae Association the following officers were elected: Honorary presidents, E. Webster, W. Cooke; president, Mrs. Storey; vice-president, Mrs. Dewar; secretary, Mrs. Keeling; treasurer, H. Miller; representatives to: R.N.A.O., C. Metcalfe; Blue Cross, R. Shawell; *The Canadian Nurse*, M. Cruickshank. The committee conveners include: A. Cook, L. Metcalfe, M. McMillan, Mrs. Murphy.

A series of bridges is being held at the nurses' residence through the generous hospitality of Winnifred Cooke, director of nurses. The proceeds are in aid of the annual scholarship, awarded each year to a graduate of the hospital for post-graduate study.

The bridges hostesses for March are: Misses Heming, Stewart, Cruickshank, L. Metcalfe, Mrs. McMillan; April, Mmes May, Fleming, Keeling, Misses E. Cook, Bowes; May: Mmes McKay, Tackaberry, Gillesby, Misses Langstaff, Thomson, Robinson; June: Mmes Cutbush, Dawkes, Simpson, Houston, Keeler, Gandier, Tizzard, Murphy, Lavery, Miss Millton.

Nora Metcalf, assistant director of nurses, is taking a post-graduate course in hospital administration at the University of Toronto. Jacqueline Thompson, 1949 alumnae scholarship winner, is at the University of Western Ontario studying teaching and supervision. C. Stewart and C. Cameron are on the staff of

the King Edward VII Memorial Hospital, Bermuda.

SIMCOE

At a recent staff dinner of the Norfolk General Hospital, Barbara Jennings and Doris Slocombe, Toronto General Hospital graduates of 1947, were recipients of presentations prior to their departure for the Vancouver General Hospital.

The Norfolk Graduate Nurses' Association, recently organized for the purpose of buying new equipment for the hospital, has raised $1,380, which is to be applied towards the purchase of an oxygen tent.

WOODSTOCK

A Christmas innovation was the presentation by the General Hospital student nurses of "Operation '49," which delighted a large audience in the collegiate auditorium. "Glee Club and Company" was responsible for the variety program, including skits, vocal solos, dancing and choral arrangements. An anonymous friend donated a beautiful shield for the best skit presented. It was won by the intermediate class for their hilarious burlesque—"Macbeth Rides Again." Alma Tonks, who was the inimitable "Macbeth," is proctor of the intermediate class and, on their behalf, accepted the shield. Refreshments were served after the show in the nurses' residence, under the auspices of the women's auxiliary of the hospital.

Helen F. Marsh, superintendent of nurses, has always felt that nurses should have worthwhile relaxation. She was aided in realizing her dream by the science instructor, Dorothy Hartsell, an accomplished musician, and Marie Gray, teacher of nursing arts, who is interested in dramatics. The whole school is now looking forward to "Operation '50."

DISTRICT 5

Toronto General Hospital

Gone are the days when student nurses wore starched cuffs, collars, bibs and aprons. Beginning with the February, 1949, class of preliminary students, each group as it enters dons the new style of uniform that was selected by a joint committee, composed of members of the school of nursing staff, the Alumnae Association, and the Student Government Association. The following is a brief description of the smart new uniform:

Cap—T.G.H. cap uniformly folded.

Uniform—One piece white dress with purple monogram (later it was discovered that fast dye purple thread was not available so blue was substituted).

Apron—White overall apron to be worn approximately 2 inches longer than dress.

Shoes—Plain white oxfords with rubber heels.

Stockings—White.

Esther Oliver (B.S., Teachers College, Columbia University, and Presbyterian Hospital) is now educational director. Winnifred Hendrikz has been succeeded as health

supervisor by Mabel Jennings. Effie Forgie, who has retired from her position at the private pavilion, is now living at 160 Hughson St., Hamilton. Ruth Couse, who transferred from the teaching department, has succeeded her. Dorothy Potts and Dorothy Buchner have resigned from clinical supervisory positions. Helen King has assumed these duties on Ward C. Margaret Thompson has transferred to D.E.F. Elvie Follett, formerly nursing instructor, Calgary General Hospital, is now on Ward I.

District 8

Ottawa

The annual meeting of St. Luke's Hospital Alumnae Association was held in January. A 1949 project was a bridge and tea, the proceeds of which went towards charity.

Quebec

Montreal

Children's Memorial Hospital

A delightful Sherry Party was held at the end of December at Cottingham House by the staff nurses for their friends, the Governors, staff physicians and their wives. The annual Christmas tea was an enjoyable event when the nurses sang carols to the children on the various wards.

Recent appointments include: O.R., G. Koivu, C. Gillis, S. McMullin; out-patient department, E. Black; rotation, R. Myra, M. Nickerson. Resignations include M. (Toner) Everett, who was married recently, and P. Rowe.

Herbert Reddy Memorial Hospital

Mrs. L. Rutherford presided at a recent meeting of the alumnae association when the officers were elected for the coming year. Mrs. Rutherford will continue to serve as president with Mmes Crewe and Brown as vice-presidents. The recording and corresponding secretaries are L. Hanson and Mrs. E. Paterson. Miss Francis is treasurer. Additional executive members include: Mmes Olesker, Wolfson, Hymovitch, Croke, Schrider, Drew, Misses Fletcher, Kirk. The honorary president is Miss Trench.

The members discussed various ideas for social activities, lecture groups, etc., and it is hoped that an interesting program will be offered for 1950.

Royal Victoria Hospital

Parcels are going every six weeks to Great Britain from the alumnae association and letters of thanks and gratitude are being received in every mail.

The following graduates are now on the staff: M. A. Fraser, E. Elliot, S. Hall, J. Strum, J. Sherman, M. McEwen. It is a pleasure to welcome back G. Purcell who is now surgical supervisor. Merle Smith, a Hamilton General Hospital graduate, is now medical supervisor, main building. D. Dexter is assistant night supervisor. P.

THE ASSOCIATION OF NURSES
of the
PROVINCE OF QUEBEC

The 1950 Spring examinations for Provincial Registration will cover two groups of candidates and will be held as follows:

GROUP A: Graduates desiring to qualify for licence to practise will write on **April 17, 18 and 19, 1950.** Candidates will not be permitted to write these examinations until they have actually completed their training and hold the diploma of their school.

Applications must be received by March 27, 1950.

GROUP B: Students who will have completed their first year before **March 1, 1950,** will enter the preliminary examinations covering oral, practical, and written tests which will be held on **March 13, 14, 15 and 16, 1950.** (Time to be announced in each school.)

For application forms and all information relating to the examinations, apply to the headquarters of the Association.

MARGARET M. STREET, R.N.
Secretary-Registrar
Ste. 506 - 1538 Sherbrooke St. W.
Montreal 25, Que.

Butterill and B. Colpitts are assistants on the public surgical wards. Ferne Trout, formerly with the Vancouver unit of the Division of T.B. Control, is assistant head nurse on Ward I. The assistant head nurse on Ward N is R. LaRiche. A happy welcome back is extended to Edna Hattie who is on the staff in the nurses' home.

Nancy Kerrison is now at the Vancouver General Hospital. Barbara Moore and Betty Rahm are working in a hospital in London, Eng. M. S. MacDonald and A. Winter have left the staff to return home. Jane Magee called at the training school office en route to Calgary where she is to work.

SASKATCHEWAN

Moose Jaw

The following officers will serve on the executive of Moose Jaw Chapter for the coming months: Honorary president, G. Motta; president, H. Hayes; vice-president, E. Matthewson; secretary-treasurer, M. Forge; councillors, Rev. Sr. M. Veronica, D. Code. The committee chairmen are: Private duty, Mrs. A. Dawson; public health, J. Armstrong; institutional, Mrs. M. Robinson.

Regina

General Hospital

New officers were recently elected by the alumnae association as follows: Honorary president, Mrs. T. Waddell; president, Mrs. C. Wilson; vice-president, E. Burton; secretary, H. Jolly; treasurer, A. Swendseid; representatives to: press, Mrs. A. Hardy; *The Canadian Nurse*, I. Fleming.

A successful bazaar was a project of the alumnae while a Christmas party for the graduates at the hospital was held during December. It began with a buffet supper followed by an entertaining program.

Grey Nuns' Hospital

In connection with the special observance of National Health Week the hospital has arranged a two-day program for its student nurses. This is to consist of round table discussions and symposiums in which the students will participate, as well as addresses by special speakers.

Saskatoon

The University of Saskatchewan School of Nursing and the offices of the S.R.N.A. are now located in the new Medical Building.

City Hospital

On May 21 of last year, the student nurses of the hospital appealed to the citizens of Saskatoon by having a Tag Day for "donations for future nursing education." It was stated that this would take the form of scholarships to enable graduates of the school to take post-graduate work. As a result of the generous response to this appeal, which was ably supported by the women's auxiliaries of S.C.H. and St. Paul's Hospital, the S.C.H.

alumnae, many business firms and individuals, the students were able to report the gross proceeds of the Tag Day as $2,520.

The many who participated in this worthwhile project will be interested to hear that immediate use is to be made of a portion of the proceeds, a decision reached by the S.C.H. Student Nurses' Association. A scholarship of $600 is to be awarded this year to a S.C.H. graduate—one who has served on the hospital staff as a graduate for at least a year. Return to the hospital for a minimum of a year is also a requirement for the award. Applications should be made to: *Student Nurses' Association, c/o Director of Nursing, City Hospital, Saskatoon, Sask.*

This is rather unique evidence on the part of student nurses regarding their appreciation of the need for increased aid for nursing education and also of the school's responsibility towards this. It is planned to use this most encouraging nucleus to build up a fund from donations and other sources which will be history-making.

C. Lyle and J. Pritchard were recent visitors to the city. They have been in Edmonton for the past year and are leaving for Nelson, B.C. G. Heggie has joined the public health department and is at Turtleford. D. Norris is nursing arts instructor at Weyburn Mental Hospital. A. Stephanson is on the nursing staff at the University of Alberta Hospital. D. McConnell and E. Baker are at the Kindersley Hospital, Sask. R. Russell was chosen to represent the T.C.A. stewardesses at the "Kitty Hawk" celebrations held at Long Beach, Calif. The following S.C.H. graduates are obtaining experience at other hospitals: R. McDonald, Nelson, B.C.; M. Nishazaki, Kamloops, B.C.; A. Woolf, Vancouver General Hospital; J. Andreen, Wadena, Sask.; D. Garman, matron, Frontier, Sask.

YORKTON

Additional members to the General Hospital staff include: M. Bonderoff, supervisor, maternity ward; R. Bertram, O.R. staff; C. Langton and E. Southam, general duty.

BERMUDA

In December the alumnae association and the nurses' association of King Edward VII Memorial Hospital held a Christmas party at Montrose. Before a cheerful fire about 50 nurses sang carols and played games. During the evening gifts for the children were presented to Margaret Watson, sister-in-charge of the children's ward. Dr. Will Talbot was a great asset to the party.

The president of the alumnae for the coming year is Mrs. R. M. (Outerbridge) Brown, while Minna Smith will serve as vice-president. D. Harnett is secretary with Nea Smith, her assistant. Mrs. K. Harding is the treasurer. Other members on the executive include: B. Shirley, M. Turner, A. Swetnam, M. Butler, Mmes H. Pitman, R. Down, F. Tite, H. Couchman, L. S. Mowbray.

Positions Vacant

Advertising Rates — $5.00 for 3 lines or less; $1.00 for each additional line.

School of Nursing Adviser—The Registered Nurses Ass'ns of Prince Edward Island & New Brunswick invite applications for a School of Nursing Adviser. This position requires a well-qualified person with special training & experience in teaching & supervision & preferably some experience in administration. Good salary range with travelling expenses. Further information is available from & applications, stating qualifications, age, experience & date available in 1st letter, should be sent to Miss A. F. Law, 29 Wellington Row, Saint John, N.B.

Lady Supt. immediately for General Hospital, Selkirk, Man. 50-bed hospital, including small training school for Practical Nurses. Salary: $200 per mo. & full maintenance. Apply, stating full particulars as to qualifications & experience, Sec.-Treas., Box 160, Selkirk, Man.

Matron. Salary: $190 per mo. plus maintenance. **General Duty Nurses (2).** Salary: $150 per mo. plus maintenance. 14-bed hospital. For further information apply Sec., Union Hospital, Leoville, Sask.

Science Instructor for School of Nursing, General Hospital, Winnipeg, Man., for Fall, 1950. Applicants require B.Sc. Degree & preferably some teaching experience. Large School of Nursing. Salary open. Apply, stating experience & preparation, to Supt. of Nurses.

Nursing Arts Instructor & Science Instructor for teaching staff of 450-bed hospital. No. of students, 150. Positions now available. Apply, stating qualifications, Principal, School of Nursing, General Hospital, Saint John, N.B.

Instructor (qualified) & **Operating-Room Supervisor** for new 110-bed hospital to be built this Summer. Apply, stating qualifications, age & experience, Supt., Chipman Memorial Hospital, St. Stephen, N.B.

Obstetrical Supervisor (experienced) for 150-bed General Hospital. 48-hr. wk. 4 wks. vacation annually. Apply, stating qualifications, experience, age & salary expected, Supt. of Nurses, General Hospital, Chatham, Ont.

Record Librarian for 85-bed hospital. Commencing salary: $165 per mo. Annual increment. 28-day vacation. Liberal allowance toward travelling to Vancouver. Apply Grace Hospital, Heather St. & 26th Ave., Vancouver, B.C.

Public Health Nurses (3) increasing P.H.N. staff to 11 for Township of North York adjacent to Toronto. 5-day wk. Sick leave. Pension plan. Salary equivalent to larger centres. $720 annual car allowance. 4 wks. vacation. Duties to commence Aug. 15. Apply Dr. Carl E. Hill, M.O.H., Willowdale, Ont.

Matron & Registered Nurses for new modern 20-bed hospital. Salaries: $210 & $180 per mo. gross. Usual holiday time & sick leave. Apply E. W. Groshong, Sec.-Manager, Porcupine-Carragana Union Hospital, Porcupine Plain, Sask.

Instructor for Clinical & Classroom Teaching. 200-bed General Hospital. 80 student nurses. Apply Supt. of Nurses, Victoria Public Hospital, Fredericton, N.B.

Asst. Staff Nurses for Ward Work. Apply Director of Nursing, Children's Memorial Hospital, 1615 Cedar Ave., Montreal 25, Que.

WANTED
NURSES AND NURSES' AIDES

Positions are available at **Point Edward Hospital, Westmount, Cape Breton, Nova Scotia,** for a number of Graduate Nurses and Nurses' Aides. Excellent salary and living conditions. Civil Service benefits.

Application forms may be obtained from the **Nova Scotia Civil Service Commission, P.O. Box 943, Halifax, N.S.,** or by telephoning *3-7341-Branch 230.*

Further particulars as to duties and working arrangements may be obtained from the **Superintendent of Nurses, Point Edward Hospital, Westmount, Cape Breton, Nova Scotia.**

Registered Nurses for General Duty Staff in 45-bed hospital. Salary: $110 plus full maintenance. 3 wks. holiday after 1 yr. service, plus statutory holidays, 1 wk. sick time with pay. Apply Supt., County of Bruce General Hospital, Walkerton, Ont.

Graduate Nurses—Come to the B.C. Coast! General Duty Graduate Nurses for St. George's Hospital, located on famous "Inland Passage" of B.C. Coast. New 60-bed, well-equipped General Hospital. Staff house. Salary: $165 less $25 per mo. board, room & laundry. 4 wks. vacation plus statutory holidays with pay annually. 44-hr. wk. Transportation financed if desired. Apply, giving full particulars, training, extra courses, age, etc., Administrator, St. George's Hospital, Alert Bay, B.C.

Graduate Nurses (2) by April 1 for new modern 20-bed hospital at Climax, Sask. Salary: $150 per mo. & full maintenance. 8-hr. day, 6-day wk. 2 wks. with pay end of yr. Lively community near U.S. border; English-speaking population; good climate. Apply P. J. Rasmussen, Sec., Community Hospital, Climax, Sask.

Graduate Nurses for General Duty in 22-bed hospital. Salary: $140 per mo. with full maintenance. Apply, stating qualifications & date available, Matron, Municipal Hospital, Provost, Alta.

Registered Nurse for General Duty for 56-bed hospital in Northern B.C. Salary: $185 less $44.25 for full maintenance. New nurses' residence. Rail fare advanced or refunded after 6 mos. service. Apply Miss M. McLeod, Supt. of Nurses, Wrinch Memorial Hospital, Hazelton, B.C.

Nursing Arts Instructor, Science Instructor, and Clinical Instructor, for a 425-bed hospital. Degrees required. Apply Director of Nursing, Holy Cross Hospital, Calgary, Alta.

Director of Nursing for large General Hospital with School for Nursing averaging 150 students. Applicants should give full details of education, post-graduate training, experience, references, etc. Correspondence invited. Apply c/o Box 50, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

Matron—duties to commence March 15. State salary desired. **General Duty Nurse** immediately. Starting salary: $125 per mo. with full maintenance. For Municipal Hospital, Elnora, Alta.—new 15-bed hospital with pleasant working conditions. Hospital board will pay railway fare if employment is for 6-mo. period or more. Apply A. J. Schmiedl, Sec.-Treas., Elnora, Alta.

Nursing Arts Instructor & Science Instructor for Nursing School, Holy Family Hospital, Prince Albert, Sask. Submit statement re qualifications & salary expected to Director of Nursing.

Nursing Arts Instructor & Educational Director immediately. The hospital, located in capital city, is connected with large clinic & college which aids greatly in teaching students. Apply Director of Nurses, Evangelical Hospital, 6th & Thayer, Bismarck, North Dakota.

Operating-Room Supervisor for 350-bed General Hospital with Nursing School. Operating-Room occupies one floor of wing just opened; completely modern equipment. Applicant must have O.R. experience & recognized post-graduate course. Basic salary: $205 with consideration for experience. Apply, stating age, qualifications & experience, c/o Box 40, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

General Duty Nurses. 8-hr. broken day. 48-hr. wk. Gross salary: $163.40 monthly. All salaries have scheduled rate of increase. Cumulative sick leave. Pension plan in force. Blue Cross plan. 3 wks. holiday after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital for Tuberculosis, Gravenhurst, Ont.

CANADIAN RED CROSS SOCIETY

invites applications for ***Administrative*** and ***Staff*** positions in **Hospital, Public Health Nursing Services,** and **Blood Transfusion Service** for various parts of Canada.

- The majority of opportunities are in **Outpost Services** in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia.
- Commensurate salaries for experience and qualifications. Transportation arrangements under certain circumstances.

For further particulars apply:

National Director, Nursing Services, Canadian Red Cross Society, 95 Wellesley St., Toronto 5, Ontario.

Dietitian for 188-bed hospital. Salary: $175 with full maintenance. 44-hr. wk. For full particulars apply Supt. of Nurses, General Hospital, Medicine Hat, Alta.

Graduate Nurses for General Floor Duty. Salary: $115 per mo. Full maintenance & laundry. $60 yearly increase up to 3 yrs. Apply, stating qualifications, Supt., Brome-Missisquoi-Perkins Hospital, Sweetsburg, Que.

Graduate Nurses for completely modern West Coast hospital. Commencing salary: $185 per mo. less $40 for board, residence, laundry. Special bonus of $10 per mo. for night duty. $10 annual increment. 44-hr. wk. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. accumulative to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Apply, stating experience, Miss E. Clement, Supt. of Nurses, General Hospital, Prince Rupert, B.C.

Floor Duty Nurse. 8-hr. duty. Salary: $110. Full maintenance & laundry. Blue Cross hospitalization. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

Maternity Nurses—post-graduate training preferred, not required. 48-hr. wk.; straight shift. New Maternity Pavilion opening in near future. Information concerning salaries, sick time, etc., provided after application has been received, giving qualifications, years of experience, etc. Apply Supt. of Nurses, General Hospital, Winnipeg, Man.

Graduate Dietitian at Ontario Hospitals in Kingston, Whitby, Woodstock. Initial salary: $2,140 per annum plus $180 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 8-hr. day, 6-day wk. Apply Supt. at above hospitals.

Registered Nurses for General Staff at Ontario Hospitals in Brockville, Hamilton, Kingston, London, New Toronto, Orillia, St. Thomas, Toronto, Whitby, Woodstock & Toronto Psychiatric Hospital. Initial salary: $1,840 per annum plus $180 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 8-hr. day, 6-day wk. Apply Supt. of Nurses at above hospitals.

Registered Nurses for General Staff Duty for the Division of Tuberculosis Control required by British Columbia Civil Service—***Vancouver Unit:*** 225-bed T.B. Hospital, located at 2647 Willow St., Vancouver. All major services & student affiliation course. Registration in B. C. required. *Gross salary:* $182 per mo. Annual increments of $60 (over 5-yr. period). No residence accommodation. ***Tranquille Unit:*** 350-bed T.B. Hospital, located 12 miles from Kamloops in southern interior. All major services except student affiliation. *Gross salary:* $188.50 per mo. Annual increments of $60 (over 5-yr. period). New modern residence; attractive bed-sitting-rooms; recreational facilities. Maintenance deduction: Room $5.00, laundry $2.50. Excellent food at 20 cts. per meal. ***Conditions—Both Units:*** 8-hr. day, 5½-day wk. Rotating shifts. 4 wks. annual vacation with pay plus 11 statutory holidays. Sick leave 20 days per yr.—14 cumulative. Promotional opportunities. Superannuation. Write for information & applications to Supt. of Nurses of respective Units or to Director of Nursing, Division of T.B. Control, 2647 Willow St., Vancouver, B.C.

Registered Nurses for General Duty required for University of Alberta Hospital, Edmonton. (640 beds). Gross salary: $170 per mo. 1st year, $180 2nd year and $190 3rd year of service in hospital. $25 per mo. deducted for meals and laundry. Statutory holidays. Sick leave: 3 weeks after 1 yr. service, with annual increase of 1 wk. to a maximum of 13 wks. Blue Cross coverage on a 50% employee contributory basis. 1st class railway fare to Edmonton refunded after 1 year continuous service. Pleasant university environment. Apply Supt. of Nursing Services.

WANTED
GENERAL DUTY NURSES

For 400-bed hospital. New Wing just opening. 8-hour day, 44-hour week. 10 statutory holidays. B.C. registration required.

Salary: $175 basic. Credit for past experience. Annual increments. ***Vacation:*** 28 days after 1 year. ***Sick Leave:*** 1½ days per month, cumulative.

Apply **Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.**

General Duty Nurses for 350-bed Tuberculosis Hospital in centre of Laurentian summer & winter resort area, 2 hrs. from Montreal. Starting salary: $115 per mo. plus full maintenance. Attractive working hrs. with 1½ days off weekly & 1 week-end ea. mo. 1 mo. annual vacation. 14 days sick leave. Apply Supt. of Nurses, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Que.

General Duty Nurses. Salary: $165 per mo. plus full maintenance, laundry, 2 wks. vacation per yr., sick leave. Apply City Hospital, 828 S. Cedar St., Owatonna, Minnesota.

Asst. Director of Nurses. Clinical Instructors. Asst. Director of Nursing Arts. Apply Miss Isabel M. Baird, School of Nursing, Newport Hospital, Newport, Rhode Island.

Registered Nurses for General Duty in small hospital—2 willing to do Night Duty. Good salary. Apply Supt., Rosamond Memorial Hospital, Almonte, Ont.

Registered Nurses for Provincial Mental Hospital, Ponoka, Alberta. 8-hr. day, 6-day wk. Uniforms provided. Excellent living accommodation, $30 per mo. Salary depending upon experience & Psychiatric experience—present gross minimum, including bonus, $175.25. Annual increases. 33-day annual holiday. Pension & sick benefit program. Apply Supt. of Nurses.

Graduate Nurse interested in Children & Laboratory work. 5½-day wk. Salary: $120 per mo. plus maintenance. 1 mo. holiday annually. Apply Supt., Daughters of Empire Hospital for Convalescent Children, 54 Sheldrake Blvd., Toronto 12, Ont.

Director of Nurses. Duties consist of directing the Nursing Service of 140-bed hospital & Nursing School of approx. 80 students. Apply, giving details of age, education, training & experience & salary expected, Miss Dorothy Macham, Supt., Women's College Hospital, Toronto 5, Ont.

Asst. to Director of Nursing Service not later than August 1. Duties Administrative & Supervisory. Preference given to applicants with University preparation & experience in administration. Apply Director of Nursing, Civic Hospital, Ottawa, Ont.

Science Instructor & Clinical Instructor for 450-bed hospital. Apply Director of Nursing, St. Joseph's Hospital, Victoria, B.C.

Operating-Room Supervisor immediately for 127-bed General Hospital with Training School of 40 students. **Registered Nurses for General Duty Staff** immediately for General Hospital. Good location. Eastern Ontario. Apply, stating qualifications, experience & salary expected, c/o Box 60, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

Graduate Nurses (2) for 40-bed hospital. Commencing salary: $185 per mo. with full maintenance for $40 monthly. 44-hr. wk. 28 days annual holidays plus 10 statutory holidays. Annual increases. Accumulative sick leave. Self-contained nurses' home. Princeton is situated on the new Hope-Princeton highway only 5 hrs. from Vancouver by road. Apply Director of Nursing, General Hospital, Princeton, B.C.

Night Supervisor, capable of taking charge of hospital, including delivery room. **Head Nurse,** qualified to teach & to administer ward. **Science Instructor.** Apply Director of Nursing General Hospital, Belleville, Ont.

Registered Nurses for General Duty in 35-bed General Hospital. Rotating 8-hr. shifts. Apply Supt., Lord Dufferin Hospital, Orangeville, Ont.

Registered Nurse for small well-equipped hospital. Operating-room & X-ray experience desirable or willingness to learn. Apply, stating qualifications & salary expected in first letter, to Supt., Public Hospital, Clinton, Ont.

Official Directory

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

Pres., Miss Jean Clark, c/o Dept. of Health, Edmonton; Vice-Pres., Misses F. J. Ferguson, H. Penhale; *Councillor*, Rev. Sr. Annunciata, Mineral Springs Hosp., Banff; *Committee Chairmen: Institutional Nursing*, Miss F. McQuarrie, School of Nursing, Univ. Hospital, Edmonton; *Private Duty*, Miss J. G. Brown, 202 Anderson Apts., Calgary; *Public Health*, Miss K. Deane-Freeman, 336-23rd Ave. W., Calgary; **Registrar, Mrs. Clara Van Dusen, Reynolds Bldg., 10026-102nd St., Edmonton.**

Ponoka District, No. 2, A.A.R.N.

Pres., Miss Irene Leckie; Vice-Pres., Miss Geneva Battle; Sec.-Treas., Miss Valerie Wheeler, Nurses Residence, Provincial Mental Hospital; *Rep.* to *The Canadian Nurse*, Miss Anna Leader.

Calgary District, No. 3, A.A.R.N.

Pres., Mrs. G. Longson, Kathryn; Vice-Pres., Miss V. Molesky; Sec., Miss M. L. Urch, 450 Scarboro Ave.; Treas., Miss Mary Watt, 110 Anderson Apts.; *Committee Chairmen: Institutional*, Miss M. MacDonald; *Public Health*, Rev. Sr. Laramee; *Private Duty*, Miss J. Brown; Registrar, Community Nursing Bureau, Miss E. Wainwright, 1724-14th Ave. W.

Medicine Hat District, No. 4, A.A.R.N.

Pres., Miss M. Middleton, 177-3rd St.; Sec., Mrs. K. Baumback, 237 Aberdeen St.; Treas., Mrs. L. Garratt, 33-12th St.; *Executive*, Mrs. D. Fawcett, 403-4th St.; Miss E. Breakell, Nurses' Home; *Rep.* to *The Canadian Nurse*, Mrs. C. Keating, 4-5th St.

Red Deer District, No. 6, A.A.R.N.

Pres., Miss K. Macalister; Vice-Pres., Miss M. Murray, Mrs. O. Johanson; Sec.-Treas., Miss Lilia Wright, Box 180; *Committee Conveners: Visiting*, Miss Torrance; *Social*, Mmes Galbraith, Humber; *Rep.* to *The Canadian Nurse*, Miss O. McIlvride.

Edmonton District, No. 7, A.A.R.N.

Chairman, Mrs. L. Heath; Vice-Chairmen, Misses, C. Brown, M. Noonan; Sec., Miss Helen Hamilton University Hosp.; Treas., Miss M. Franko, 9013-106th St.; *Program Committee*, Misses B. Lea, J. Morrison, Mrs. C. Van Dusen (Registrar); *Reps.* to: *Local Council of Women*, Miss M. Fraser; *Council of Social Agencies*, Miss I. Johnson; *The Canadian Nurse*, Miss V. Chapman.

Lethbridge District, No. 8, A.A.R.N.

Pres., Miss A. Short; Vice-Pres., Sr. M. Peters, Miss B. Hoyt; Sec., Miss L. Watson, 605-11th St. S.; Treas., Miss I. Schmaltz; *Committee Conveners: Program*, Miss M. Mills; *Social*, Miss A. Hofer; *Rep.* to *Press & The Canadian Nurse*, Miss D. Watson.

BRITISH COLUMBIA

Registered Nurses' Association of British Columbia

Pres., Sr. Columkille; Vice-Pres., Misses E. Paulson, J. Jamieson; Hon. Sec., Miss A. Creasor; Hon. Treas., Miss E. Gilmour; Past Pres., Miss E. Mallory; *Committee Chairmen: Public Health Nursing*, Miss M. Macdonell; *Private Duty Nursing*, Miss K. MacKenzie; *Institutional Nursing*, Miss M. Richmond; Dir., Placement Service, Miss E. Braund, 1101 Vancouver Block, Vancouver; **Executive Secretary & Registrar, Miss Alice L. Wright, 1101 Vancouver Block, Vancouver.**

New Westminster Chapter, R.N.A.B.C.

Pres., Miss Muriel Hamilton; Vice-Pres., Mrs. M. Gartside; Rec. Sec., Miss Marion Ward, Memorial Hospital, Langley Prairie; Corr. Sec., Mrs. Corrigan; Treas., Miss Ruth Peterson; *Rep.* to *The Canadian Nurse*, Miss N. Bankier.

Vancouver Island District

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Victoria Chapter, R.N.A.B.C.

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East Kootenay District

Fernie Chapter, R.N.A.B.C.

Pres., Miss H. Winstanley; Vice-Pres., Mrs. M Halls; Sec., Miss B. Ritchie, Gen. Hosp.; Treas., Miss N. Thomas, Box 355; *Committees: Tea*, Mrs. F. Lees; *Visiting*, Mmes L. Hogan, E. Goddwiss; *Sewing*, Mmes M. McRitchie, E. Kelman, E. Taverna; *Reps.* to: *Press*, Miss M. Panek; *The Canadian Nurse*, Miss Thomas.

West Kootenay District

Trail Chapter, R.N.A.B.C.

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Okanagan District

Kamloops-Tranquille Chapter, R.N.A.B.C.

Pres., Mrs. H. Hopgood; Vice-Pres., Misses F. Hodgson, J. Phillips; Rec. Sec., Miss M. D'Alleva; Corr. Sec., Mrs. R. Bell; Treas., Mrs. E. Nicholson; *Sections: Institutional Nursing*, Miss B. Donaldson; *General Duty*, Mrs. A. Hay; *Public Health*, Miss F. Primeau; *Visitor to Sick Nurses*, Mrs. H. Claxton; *Reps.* to: *Local Council of Women*, Mrs. H. Grafton; *Press*, Miss H. Service, 711 Battle St., Kamloops; *The Canadian Nurse*, Miss E. Gordon.

Greater Vancouver District

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Vancouver Chapter, R.N.A.B.C.

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MANITOBA

Manitoba Association of Registered Nurses

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New Brunswick Association of Registered Nurses

Pres., Miss Hilda M. Bartsch, T.B. Hospital, Moncton; Past Pres., Miss M. Myers; Vice-Pres., Misses M. E. Hunter, M. Downing; Hon. Sec., Sr. St. Charles; *Standing Committee Conveners: Institutional Nursing*, Sr. M. Rosarie, St. Joseph's Hospital, Saint John; *Private Duty Nursing*, Mrs. B. Nash Smith, 63 Bonaccord St., Moncton; *Public Health Nursing*, Miss M. Clark, 285 Germain St., Saint John; *Legislation*, Miss M. I. Lane, R.R. 4, Fredericton; *The Canadian Nurse*, Miss K. E. Bell, Saint John General Hospital; *Councillors*, Misses B. A. Beattie, M. E. Ingham, M. McMullen, M. Dunbar, M. V. Anderson, B. M. Hadrill; **Executive Secretary, Miss Alma F. Law, 29 Wellington Row, Saint John.**

NOVA SCOTIA

Registered Nurses' Association of Nova Scotia

Pres., Miss M. K. Miller; First Vice-Pres., Miss K. Harvey; Sec. Vice-Pres., Sr. Catherine Gerard; Third Vice-Pres., Miss J. Forbes; Rec. Sec., Miss M. Graham; *Committee Chairmen: Public Health*, Miss R. Myers, Sherriff Hall, Halifax; *Private Duty*, Mrs. D. Luscombe, 364 Spring Garden Rd., Hfx; *Institutional Nursing*, Sr. M. Beatrice, St. Mary's Hosp., Inverness; *Program & Pub.*, Miss O. Hayes; *Legislative*, Mrs. D. McKeown; *Library*, Miss H. Keith; *Nominating*, Miss J. Church; *Adv.* to *Registrar*, Miss M. Haliburton; **Sec.-Treas. & Registrar, Miss Nancy H. Watson, 301 Barrington St., Halifax.**

ONTARIO

Registered Nurses Association of Ontario

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District 5

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QUEBEC

The Association of Nurses of the Province of Quebec

The Association of Nurses of the Province of Quebec, created by Licensing Act, April 17, 1946, replacing The Registered Nurses Association of the Province of Quebec, Incorporated February 14, 1920.

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